

PERSONAL DATA SHEET

WARNING: Any misrepresentation made in the Personal Data Sheet and the Work Experience Sheet shall cause the filing of administrative/criminal case/s against the person concerned.

READ THE ATTACHED GUIDE TO FILLING OUT THE PERSONAL DATA SHEET (PDS) BEFORE ACCOMPLISHING THE PDS FORM.

Print legibly. Tick appropriate boxes (☐) and use separate sheet if necessary. Indicate N/A if not applicable. **DO NOT ABBREVIATE.**

1. CS ID No.

(Do not fill up. For CSC use only)

I. PERSONAL INFORMATION

2. SURNAME	LISONDRA		
FIRST NAME	ALTHEA LYKA		NAME EXTENSION (JR., SR)
MIDDLE NAME	LABASAN		
3. DATE OF BIRTH (mm/dd/yyyy)	1/2/2002	16. CITIZENSHIP	<input checked="" type="checkbox"/> Filipino <input type="checkbox"/> Dual Citizenship <input type="checkbox"/> by birth <input type="checkbox"/> by naturalization Pls. indicate country:
4. PLACE OF BIRTH	SURIGAO CITY	If holder of dual citizenship, please indicate the details.	Philippines
5. SEX	<input type="checkbox"/> Male <input checked="" type="checkbox"/> Female		
6 CIVIL STATUS	<input checked="" type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Separated <input type="checkbox"/> Other/s:	17. RESIDENTIAL ADDRESS	LOT 5 BLOCK 5 House/Block/Lot No. Street CANLANIPA HOMES Subdivision/Village Barangay SURIGAO CITY City/Municipality Province
7. HEIGHT (m)	5'4	ZIP CODE	
8. WEIGHT (kg)	61		
9. BLOOD TYPE	O	18. PERMANENT ADDRESS	LOT 5 BLOCK 5 House/Block/Lot No. Street CANLANIPA HOMES Subdivision/Village Barangay SURIGAO CITY City/Municipality Province
10. GSIS ID NO.	N/A	ZIP CODE	8400
11. PAG-IBIG ID NO.	N/A		
12. PHILHEALTH NO.	N/A		
13. SSS NO.	N/A	19. TELEPHONE NO.	N/A
14. TIN NO.		20. MOBILE NO.	09654310005
15. AGENCY EMPLOYEE NO.		21. E-MAIL ADDRESS (if any)	althealykalisondra@gmail.com

II. FAMILY BACKGROUND

22. SPOUSE'S SURNAME	n/a		23. NAME of CHILDREN (Write full name and list all)	DATE OF BIRTH (mm/dd/yyyy)
FIRST NAME	n/a	NAME EXTENSION (JR., SR)	N/A	
MIDDLE NAME	n/a			
OCCUPATION	n/a			
EMPLOYER/BUSINESS NAME	n/a			
BUSINESS ADDRESS	n/a			
TELEPHONE NO.	n/a			
24. FATHER'S SURNAME	LISONDRA			
FIRST NAME	JAY	NAME EXTENSION (JR., SR)		
MIDDLE NAME	PARNADA			
25. MOTHER'S MAIDEN NAME				
SURNAME	LABASAN			
FIRST NAME	MARIANNIE			
MIDDLE NAME	BALUNAN		(Continue on separate sheet if necessary)	

III. EDUCATIONAL BACKGROUND

26. LEVEL	NAME OF SCHOOL (Write in full)	BASIC EDUCATION/DEGREE/COURSE (Write in full)	PERIOD OF ATTENDANCE		HIGHEST LEVEL/ UNITS EARNED (If not graduated)	YEAR GRADUATED	SCHOLARSHIP/ ACADEMIC HONORS RECEIVED
			From	To			
ELEMENTARY	SPECIAL SCIENCE ELEMENTARY SCHOOL	ELEMENTARY EDUCATION				2014	
SECONDARY	CARAGA REGIONAL SCIENCE HIGH SCHOOL	HUMANITIES AND SOCIAL SCIENCES				2020	WITH HIGH HONORS
VOCATIONAL /							
COLLEGE	VISAYAS STATE UNIVERSITY	BACHELOR OF SCIENCE IN BIOTECHNOLOGY				2024	COM LAUDE, DA BIOTECH
GRADUATE STUDIES							

(Continue on separate sheet if necessary)

SIGNATURE		DATE	
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V. WORK EXPERIENCE

(Include private employment. Start from your recent work) Description of duties should be indicated in the attached Work Experience sheet.

INCLUSIVE DATES							SALARY/JOB/PAY		GVT SERVICE
01	01-01-2018	01-01-2019							
02	01-01-2019	01-01-2020							
03	01-01-2020	01-01-2021							
04	01-01-2021	01-01-2022							
05	01-01-2022	01-01-2023							
06	01-01-2023	01-01-2024							
07	01-01-2024	01-01-2025							
08	01-01-2025	01-01-2026							
09	01-01-2026	01-01-2027							
10	01-01-2027	01-01-2028							
11	01-01-2028	01-01-2029							
12	01-01-2029	01-01-2030							
13	01-01-2030	01-01-2031							
14	01-01-2031	01-01-2032							
15	01-01-2032	01-01-2033							
16	01-01-2033	01-01-2034							
17	01-01-2034	01-01-2035							
18	01-01-2035	01-01-2036							
19	01-01-2036	01-01-2037							
20	01-01-2037	01-01-2038							
21	01-01-2038	01-01-2039							
22	01-01-2039	01-01-2040							
23	01-01-2040	01-01-2041							
24	01-01-2041	01-01-2042							
25	01-01-2042	01-01-2043							
26	01-01-2043	01-01-2044							
27	01-01-2044	01-01-2045							
28	01-01-2045	01-01-2046							
29	01-01-2046	01-01-2047							
30	01-01-2047	01-01-2048							
31	01-01-2048	01-01-2049							
32	01-01-2049	01-01-2050							
33	01-01-2050	01-01-2051							
34	01-01-2051	01-01-2052							
35	01-01-2052	01-01-2053							
36	01-01-2053	01-01-2054							
37	01-01-2054	01-01-2055							
38	01-01-2055	01-01-2056							
39	01-01-2056	01-01-2057							
40	01-01-2057	01-01-2058							
41	01-01-2058	01-01-2059							
42	01-01-2059	01-01-2060							
43	01-01-2060	01-01-2061							
44	01-01-2061	01-01-2062							
45	01-01-2062	01-01-2063							
46	01-01-2063	01-01-2064							
47	01-01-2064	01-01-2065							
48	01-01-2065	01-01-2066							
49	01-01-2066	01-01-2067							
50	01-0								

[illegible]

(Continue on separate sheet if necessary)

<i>SIGNATURE</i>		<i>DATE</i>	
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29.	NAME & ADDRESS OF ORGANIZATION (Write in full)	INCLUSIVE DATES		NUMBER OF HOURS	POSITION / NATURE OF WORK
		(mm/dd/yyyy)			
		From	To		
	PROJECT SMILE - QUEZON CITY	6/14/2020	5/3/2022		CONTENT WRITER
	AMARANTH - VISAYAS STATE UNIVERSITY	11/10/2020	7/6/2022		CONTENT WRITER
	VISAYAS STATE UNIVERSITY BIOTECHNOLOGICAL SOCIETY	7/12/2023	8/24/2023		AUDITOR

VII. LEARNING AND DEVELOPMENT (L&D) INTERVENTIONS/TRAINING PROGRAMS ATTENDED

[illegible]

VIII. OTHER INFORMATION

31. SPECIAL SKILLS and HOBBIES	32. NON-ACADEMIC DISTINCTIONS / RECOGNITION (Write in full)	33. MEMBERSHIP IN ASSOCIATION/ORGANIZATION (Write in full)
SCIENTIFIC AND TECHNICAL WRITING		VISAYAS STATE UNIVERSITY BIOTECHNOLOGICAL SOCIETY
LITERARY WRITING		PROJECT SMILE
PUBLIC SPEAKING AND DEBATE		VISAYAS STATE UNIVERSITY DEBATE SOCIETY
PLANT TISSUE CULTURE		AMARANTH
METAGENOMICS		

SIGNATURE		DATE	
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34. Are you related by consanguinity or affinity to the appointing or recommending authority, or to the chief of bureau or office or to the person who has immediate supervision over you in the Office, Bureau or Department where you will be appointed, a. within the third degree? b. within the fourth degree (for Local Government Unit - Career Employees)?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If YES, give details: _____	
35. a. Have you ever been found guilty of any administrative offense? b. Have you been criminally charged before any court?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If YES, give details: _____ <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If YES, give details: _____ Date Filed: _____ Status of Case/s: _____	
36. Have you ever been convicted of any crime or violation of any law, decree, ordinance or regulation by any court or tribunal?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If YES, give details: _____	
37. Have you ever been separated from the service in any of the following modes: resignation, retirement, dropped from the rolls, dismissal, termination, end of term, finished contract or phased out (abolition) in the public or private sector?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If YES, give details: _____	
38. a. Have you ever been a candidate in a national or local election held within the last year (except Barangay election)? b. Have you resigned from the government service during the three (3)-month period before the last election to promote/actively campaign for a national or local candidate?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If YES, give details: _____ <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If YES, give details: _____	
39. Have you acquired the status of an immigrant or permanent resident of another country?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If YES, give details (country): _____	
40. Pursuant to: (a) Indigenous People's Act (RA 8371); (b) Magna Carta for Disabled Persons (RA 7277); and (c) Solo Parents Welfare Act of 2000 (RA 8972), please answer the following items: a. Are you a member of any indigenous group? b. Are you a person with disability? c. Are you a solo parent?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If YES, please specify: _____ <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If YES, please specify ID No: _____ <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If YES, please specify ID No: _____	
41. REFERENCES (Person not related by consanguinity or affinity to applicant /appointee)		
NAME	ADDRESS	TEL. NO.
42. I declare under oath that I have personally accomplished this Personal Data Sheet which is a true, correct and complete statement pursuant to the provisions of pertinent laws, rules and regulations of the Republic of the Philippines. I authorize the agency head/authorized representative to verify/validate the contents stated herein. I agree that any misrepresentation made in this document and its attachments shall cause the filing of administrative/criminal case/s against me.		
Government Issued ID (i.e. Passport, GSIS, SSS, PRC, Driver's License, etc.) PLEASE INDICATE ID Number and Date of Issuance Government Issued ID: PASSPORT ID/License/Passport No.: Date/Place of Issuance: TACLOBAN CITY	<div style="border: 1px solid black; padding: 5px; text-align: center;"> LISONDRA, ALTHEA LYKA L. </div> <div style="border: 1px solid black; padding: 5px; text-align: center;"> Signature (Sign inside the box) </div> <div style="border: 1px solid black; padding: 5px; text-align: center;"> Date Accomplished </div>	<div style="border: 1px solid black; padding: 10px; text-align: center;"> ID picture taken within the last 6 months 4.5 cm. X 3.5 cm (passport size) Computer generated or photocopied picture is not acceptable </div> <p style="text-align: center;">PHOTO</p> <div style="border: 1px solid black; height: 100px; margin-top: 10px;"></div> <div style="border: 1px solid black; padding: 5px; text-align: center; margin-top: 5px;"> Right Thumbmark </div>
SUBSCRIBED AND SWORN to before me this _____, affiant exhibiting his/her validly issued government ID as indicated above.		
<div style="border: 1px solid black; width: 300px; height: 60px; margin: 0 auto;"></div> <div style="border: 1px solid black; padding: 5px; text-align: center; margin-top: 5px;"> Person Administering Oath </div>		