

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

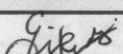
2. SURNAME	MAZO		
FIRST NAME	ERLIE JEAN		N/A
MIDDLE NAME	PEREZ		
3. DATE OF BIRTH (mm/dd/yyyy)	9/20/1996	16. CITIZENSHIP	<input checked="" type="checkbox"/> Filipino <input type="checkbox"/> Dual Citizenship <input type="checkbox"/> by birth <input type="checkbox"/> naturalization Pls. indicate country:
4. PLACE OF BIRTH	WESTERN LEYTE PROVINCIAL HOSPITAL		
5. SEX	<input type="checkbox"/> Male <input checked="" type="checkbox"/> Female	If holder of dual citizenship, please indicate the details.	
6. CIVIL STATUS	<input checked="" type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Other/s:	17. RESIDENTIAL ADDRESS	House/Block/Lot No. Street GACAT Subdivision/Village Barangay BAYBAY LEYTE City/Municipality Province
7. HEIGHT (m)	1.52	ZIP CODE	6521
8. WEIGHT (kg)	46	18. PERMANENT ADDRESS	House/Block/Lot No. Street GACAT Subdivision/Village Barangay BAYBAY LEYTE City/Municipality Province
9. BLOOD TYPE	O	ZIP CODE	6521
10. GSIS ID NO.	N/A	19. TELEPHONE NO.	N/A
11. PAG-IBIG ID NO.	12-119949279-3	20. MOBILE NO.	09425021987
12. PHILHEALTH NO.	12-025626476-0	21. E-MAIL ADDRESS (if any)	ejperezmazo@gmail.com
13. SSS NO.	06-3878375-7		
14. TIN NO.	334-336-602-000		
15. AGENCY EMPLOYEE NO.	N/A		

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	N/A	N/A	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	MAZO			
FIRST NAME	ERNESTO	N/A		
MIDDLE NAME	BALDEVIA			
25. MOTHER'S MAIDEN NAME				
SURNAME	PEREZ			
FIRST NAME	ERLINDA			
MIDDLE NAME	DAMPIOS			

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	GACAT ELEMENTARY SCHOOL	N/A	6/3/2002	3/25/2008	PRIMARY EDUCATION	2008	WITH HONORS
SECONDARY	BAYBAY NATIONAL HIGH SCHOOL	N/A	6/2/2008	3/28/2012	HIGH SCHOOL	2012	N/A
VOCATIONAL / TRADE COURSE	N/A	N/A	N/A	N/A	N/A	N/A	N/A
COLLEGE	SAINT PAUL SCHOOL OF PROFESSIONAL STUDIES	BS COMMERCE	6/4/2012	5/30/2016	GRADUATED	2016	DEAN'S LIST
GRADUATE STUDIES	N/A	N/A	N/A	N/A	N/A	N/A	N/A

SIGNATURE		DATE	
		April 14, 2021	

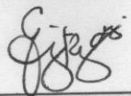
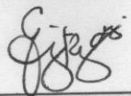
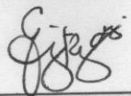

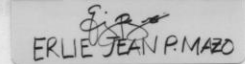
[illegible]

V. WORK EXPERIENCE

[illegible]

SIGNATURE	<i>G. G. G.</i>	DATE	April 14, 2021
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VI. VOLUNTARY WORK OR INVOLVEMENT IN CIVIC / NON-GOVERNMENT / PEOPLE / VOLUNTARY ORGANIZATION/S						
29.	NAME & ADDRESS OF ORGANIZATION (Write in full)	INCLUSIVE DATES (mm/dd/yyyy)		NUMBER OF HOURS	POSITION / NATURE OF WORK	
		From	To			
N/A		N/A	N/A	N/A	N/A	
(Continue on separate sheet if necessary)						
VII. LEARNING AND DEVELOPMENT (L&D) INTERVENTIONS/TRAINING PROGRAMS ATTENDED						
30.	TITLE OF LEARNING AND DEVELOPMENT INTERVENTIONS/TRAINING PROGRAMS (Write in full)	INCLUSIVE DATES OF ATTENDANCE (mm/dd/yyyy)		NUMBER OF HOURS	Type of LD (Managerial/ Supervisory/ Technical/etc)	CONDUCTED/ SPONSORED BY (Write in full)
		From	To			
	KYC (KNOW YOUR CUSTOMER)/AML (ANTI-MONEY LAUNDERING) TRAINING	6/16/2017	6/16/2017	1 hour	TECHNICAL	CARLO F. CRISTOBAL
	DEVELOPING THE GLOBAL LEADER OF TOMORROW	3/11/2016	3/11/2016	8 hours	TECHNICAL	SAINT PAUL SCHOOL OF PROFESSIONAL STUDIES
	BATTLING THE COMMON INTERFERENCES TO EFFECTIVE AND EFFICIENT TEAMWORK	3/5/2016	3/5/2016	3 hours	TECHNICAL	SAINT PAUL SCHOOL OF PROFESSIONAL STUDIES
	WINNING CYCLE OF A BRAND AND DIGITAL MARKETING	1/22/2016	1/22/2016	4 hours	TECHNICAL	SAINT PAUL SCHOOL OF PROFESSIONAL STUDIES
	CIA EXAMINATION FORUM	1/16/2016	1/16/2016	3 hours	TECHNICAL	PROF. ALBERT B. BALEA-AN, CIA, CPA
(Continue on separate sheet if necessary)						
VIII. OTHER INFORMATION						
31.	SPECIAL SKILLS and HOBBIES	32. NON-ACADEMIC DISTINCTIONS / RECOGNITION (Write in full)		33. MEMBERSHIP IN ASSOCIATION/ORGANIZATION (Write in full)		
	FLUENT IN WARAY-WARAY	N/A		N/A		
	KEEN TO DETAILS AND ACCURACY OF WORK RESPONSIBILITIES					
	COMPUTER LITERATE (WORD, EXCEL, PPT)					
	KNOWLEDGEABLE IN BASIC ACCOUNTING, FINANCE, AND MANAGEMENT					
	CAN TYPE UP TO 51 WORDS PER MINUTE					
	WORKS WELL IN A GROUP OR INDIVIDUALLY					
	READING BOOKS WITH LIFE LESSONS					
(Continue on separate sheet if necessary)						
SIGNATURE		DATE		April 14, 2021		

<p>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,</p> <p>a. within the third degree?</p> <p>b. within the fourth degree (for Local Government Unit - Career Employees)?</p>	<p><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>If YES, give details: _____</p>												
<p>35. a. Have you ever been found guilty of any administrative offense?</p> <p>b. Have you been criminally charged before any court?</p>	<p><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>If YES, give details: _____</p> <p><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>If YES, give details: _____</p> <p>Date Filed: _____</p> <p>Status of Case/s: _____</p>												
<p>36. Have you ever been convicted of any crime or violation of any law, decree, ordinance or regulation by any court or tribunal?</p>	<p><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>If YES, give details: _____</p>												
<p>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?</p>	<p><input checked="" type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>If YES, give details: _____</p> <p>Resignation due to skeletal workforce system</p>												
<p>38. a. Have you ever been a candidate in a national or local election held within the last year (except Barangay election)?</p> <p>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?</p>	<p><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>If YES, give details: _____</p> <p><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>If YES, give details: _____</p>												
<p>39. Have you acquired the status of an immigrant or permanent resident of another country?</p>	<p><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>If YES, give details (country): _____</p>												
<p>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:</p> <p>a. Are you a member of any indigenous group?</p> <p>b. Are you a person with disability?</p> <p>c. Are you a solo parent?</p>	<p><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>If YES, please specify: _____</p> <p><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>If YES, please specify ID No: _____</p> <p><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>If YES, please specify ID No: _____</p>												
<p>41. REFERENCES (Person not related by consanguinity or affinity to applicant /appointee)</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 33%;">NAME</th> <th style="width: 33%;">ADDRESS</th> <th style="width: 33%;">TEL. NO.</th> </tr> </thead> <tbody> <tr> <td>INGRID DE LIMA</td> <td>DAVAO CITY</td> <td>9423758261</td> </tr> <tr> <td>RUZIL MAGPAYO</td> <td>MANDAUE CITY, CEBU</td> <td>9222970165</td> </tr> <tr> <td>SHEENA CASANDRA BATON</td> <td>MAMBALING CEBU CITY, CEBU</td> <td>9616328006</td> </tr> </tbody> </table>		NAME	ADDRESS	TEL. NO.	INGRID DE LIMA	DAVAO CITY	9423758261	RUZIL MAGPAYO	MANDAUE CITY, CEBU	9222970165	SHEENA CASANDRA BATON	MAMBALING CEBU CITY, CEBU	9616328006
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<p>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.</p>													
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<div style="text-align: center;">   ERLIC JEAN P. MAZO </div>													
<p>SUBSCRIBED AND SWORN to before me this _____, affiant exhibiting his/her validly issued government ID as indicated above.</p> <div style="text-align: center; margin-top: 20px;"> <div style="border: 1px solid black; width: 200px; height: 40px; margin: 0 auto;"></div> <p>Person Administering Oath</p> </div>													