




Dr. J. J. Kim

1. SURNAME		C H U A													
FIRST NAME		C H R I S T I A N A R T													
MIDDLE NAME		L I A T R A I S													
3. DATE OF BIRTH (mm/dd/yyyy)		09/23/1996		11. PRESENT ADDRESS		BRGY. GABAS, BAYBAY CITY, LEYTE									
4. PLACE OF BIRTH		BAYBAY CITY													
5. SEX		<input checked="" type="checkbox"/> Male <input type="checkbox"/> Female													
6. CIVIL STATUS		<input checked="" type="checkbox"/> Single <input type="checkbox"/> Widowed <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Annulled <input type="checkbox"/>		12. ZIP CODE		6521									
				13. TEL. NO./CEL. NO.		+639317292138									
				14. PHILHEALTH NO.		13-250345845-8									
7. CITIZENSHIP		FILIPINO		9. WEIGHT (kg)		70		15. TIN		705-771-120					
8. HEIGHT (m)		168		10. BLOOD TYPE		O		16. PAG-IBIG ID NO.		121203598899					
17. SPOUSE'S SURNAME		N/A				18. NAME OF CHILD (Write full name and list all)				DATE OF BIRTH (mm/dd/yyyy)					
FIRST NAME		N/A				N/A									
MIDDLE NAME		N/A													
19. HIGHEST EDUCATIONAL ATTAINMENT (Please check and underline the specific)		<input type="checkbox"/> Elementary (Grade ____ /Graduated) <input type="checkbox"/> High School (1st, 2nd, 3rd, 4th, Graduated) <input checked="" type="checkbox"/> College (1st, 2nd, 3rd, 4th, <u>Graduated</u>) Degree: <u>BS ANIMAL SCIENCE</u>													
20. CAREER SERVICE ELIGIBILITY		<input type="checkbox"/> Professional <input type="checkbox"/> Sub-Professional <input type="checkbox"/> Others, Specify: <u>N/A</u>													
21. WORK EXPERIENCE INCLUSIVE DATES (mm/dd/yyyy)		POSITION TITLE (Write in full)		DEPARTMENT / AGENCY / OFFICE / COMPANY /PROJECT (Write in full)		SALARY (Daily or Monthly)		STATUS OF APPOINTMENT (Perm/Temp/ Job Order)		GOV'T SERVICE (Yes / No)					
From To															
07/01/2017 09/30/2017		FIELD TECHNICIAN		BMEG		MONTHLY		TEMP		NO					
02/16/2018 09/30/2021		SCIENCE RESEARCH AIDE		PHILIPPINE ROOT CROPS RESEARCH AND TRAINING		MONTHLY		JOB ORDER		YES					
10/01/2021 PRESENT		SCIENCE RESEARCH AIDE		ADVANCED RESEARCH AND INNOVATION CENTER		MONTHLY		JOB ORDER		YES					
22. SPECIAL SKILLS (i.e. computer skills, typing, welding, plumbing, carpentry, auto mechanic, driving, et. al.)		Proficiency (Please check)										REMARKS			
		Highly Skilled		Average		Fair									
DRIVING				✓											
MICROSOFT OFFICE				✓											
FIELD WORK				✓											
DATA COLLECTION				✓											
23. RELEVANT TRAININGS SEMINAR/WORKSHOP ATTENDED (Write in full)		INCLUSIVE DATES OF ATTENDANCE (mm/dd/yyyy)		NUMBER OF HOURS		CONDUCTED/ SPONSORED BY (Write in full)									
		From To													
1st Place - Level II In-house (Ongoing Research)		08/29/2023 08/29/2023		4		OVPREI									
RDE Regional Symposium		08/02/2023 08/02/2023		4		OVPREI - VICARP AFREDN									
Chemical Waste Management and Safety in the Laboratory - DOPAC		02/02/2024 02/02/2024		8		JUNE BRYAN DE LA PENA									
I hereby declare that this Personal Data Sheet has been accomplished by me, and is a true, correct and complete statement pursuant to the provisions of pertinent laws, rules and regulations of the Republic of the Philippines.															
24. COMMUNITY TAX CERTIFICATE NO. <u>02711237</u> ISSUED AT: <u>CITY OF BAYBAY CITY</u> ISSUED ON (mm/dd/yy): <u>January 22, 2025</u>															
SIGNATURE : <u></u> DATE ACCOMPLISHED: (mm/dd/yyyy) <u>April 2, 2025</u>															
Revised 2015															

IV. CIVIL SERVICE ELIGIBILITY


[illegible]

(Continue on separate sheet if necessary)

[illegible]

(Continue on separate sheet if necessary)

VI. SPECIAL SKILLS					
31. SPECIAL SKILLS (i.e. computer skills, typing, welding, plumbing, carpentry, auto mechanic, driving, et. al.)	Proficiency				
	Highly Skilled	Average	Fair		
	DRIVING		✓		
	MICROSOFT OFFICE		✓		
	FIELD WORK		✓		
	DATA COLLECTION		✓		
(Continue on separate sheet if necessary)					
VII. TRAINING PROGRAMS (Start from the most recent training.)					
32. TITLE OF SEMINAR/CONFERENCE/WORKSHOP/SHORT COURSES (Write in full)	INCLUSIVE DATES OF ATTENDANCE (mm/dd/yyyy)		NUMBER OF HOURS	CONDUCTED/ SPONSORED BY (Write in full)	
	From	To			
	/ /	/ /			
(Continue on separate sheet if necessary)					
36. Are you related by consanguinity or affinity to any of the following : a. Within the third degree with the appointing authority, recommending authority, chief of office/bureau/department or person who has immediate supervision over you in the Office, Bureau or Department where you will be appointed?	<div><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</div> <div>If YES, give details: _____</div>				
(Continue on separate sheet if necessary)					
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VI. SPECIAL SKILLS				
22. SPECIAL SKILLS (i.e. computer skills, typing, welding, plumbing, carpentry, auto mechanic, driving, et. al.)	Proficiency (Please check)			REMARKS
	Highly Skilled	Average	Fair	
VII. TRAINING PROGRAMS (Start from the most recent training.)				
23. TITLE OF SEMINAR/CONFERENCE/WORKSHOP/SHORT COURSES (Write in full)	INCLUSIVE DATES OF ATTENDANCE (mm/dd/yyyy)		NUMBER OF HOURS	CONDUCTED/ SPONSORED BY (Write in full)
	From	To		
	/ /	/ /		
	/ /	/ /		
	/ /	/ /		
24. Are you related by consanguinity or affinity to any of the following : a. Within the third degree with the appointing authority, recommending authority, chief of office/bureau/ department or person who has immediate supervision over you in the Office,Department/Project where you will be appointed?	<div><input type="checkbox"/> YES <input type="checkbox"/> NO</div> <div>If YES, give details: _____ _____ _____ _____</div>			
25. REFERENCES (Person not related by consanguinity or affinity to applicant / appointee)				
NAME	ADDRESS	TEL. NO.	<div>PLEASE PASTE an ID picture taken within the last 6 months (1"X1" or 2" x 2" or Passport Size) (REQUIRED)</div> <div>PHOTO</div>	
26. I declare under oath that this Personal Data Sheet has been accomplished by me, and is a true, correct and complete statement pursuant to the provisions of pertinent laws, rules and regulations of the Republic of the Philippines. I also authorize the agency head / authorized representative to verify / validate the contents stated herein. I trust that this information shall remain confidential.			<div>RIGHT THUMBMARK (REQUIRED)</div>	
<div><div>02711237 COMMUNITY TAX CERTIFICATE NO.</div><div>BAYBAY CITY ISSUED AT</div><div>01/22/2025 ISSUED ON (mm/dd/yyyy)</div></div>				
<div><div></div><div>SIGNATURE (Sign inside the box)</div><div>02/04/2025 DATE ACCOMPLISHED</div></div>				