PERSONAL DATA SHEET

WARNING: Any misinterpretation 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. 1. CS ID No. Print legibly. Tick appropriate boxes () and use separate sheet if necessary. Indicate N/A if not applicable. DO NOT ABBREVIATE (Do not fill up. For CSC use only 2. SURNAME ZARATE NAME EXTENSION (JR., SR) FIRST NAME AIDA MIDDLE NAME LEONOR 3. DATE OF BIRTH 15/03/1974 16. CITIZENSHIP ☑ Filipino ☐ Dual Citizenship (mm/dd/yyyy) ☐by bir☐by naturalization 4. PLACE OF BIRTH HILONGOS, LEYTE If holder of dual citizenship. Pls. indicate country: please indicate the details. 5. SEX ☐ Male ☑ Female **Philippines** 17. RESIDENTIAL ADDRESS Block 3 Lot 3 Katrina Homes 1 ☑ Single ☐ Married 6 CIVIL STATUS se/Block/Lot No □ Widowed ☐ Separated Batinguel ☐ Other/s: Subdivision/Village Barano **Dumaguete City Negros Oriental** 7. HEIGHT (m) 1.49 City/Municipality 8. WEIGHT (kg) 50 ZIP CODE 6200 18. PERMANENT ADDRESS 9. BLOOD TYPE В+ House/Block/Lot No Paa 10. GSIS ID NO. 200 522 6458 Subdivision/Village Baranga Hilongos **LEYTE** 11. PAG-IBIG ID NO 1211-2016-3006 City/Municipality Provinc 12. PHILHEALTH NO 12-050369750-0 ZIP CODE 6524 13. SSS NO. 06-15507396 19. TELEPHONE NO. N/A 14. TIN NO. 257-486-485 20. MOBILE NO. 0912-6765-172 15. AGENCY EMPLOYEE NO. 6316355 21. E-MAIL ADDRESS (if any) ivymae03@yahoo.com FAMILY BACKGROUND N/A 23. NAME of CHILDREN (Write full name and list all) DATE OF BIRTH (mm/dd/yyyy) NAME EXTENSION (JR., SR) FIRST NAME **JOSHUA ZARATE** 23/10/1997 KEVIN LEE ZARATE MIDDLE NAME 15/10/2005 AKIRA MAE ZARATE 04/12/2006 (deceased) OCCUPATION EMPLOYER/BUSINESS NAME BUSINESS ADDRESS TELEPHONE NO. 24. FATHER'S SURNAME ZARATE IAME EXTENSION (JR., SR FIRST NAME AGUSTIN MIDDLE NAME GARCES 25. MOTHER'S MAIDEN NAME (deceased) SURNAME LEONOR ANUNCIACION FIRST NAME RAGAS (Continue on separate sheet if necessary) MIDDLE NAME **EDUCATIONAL BACKG** NAME OF SCHOOL BASIC EDUCATION/DEGREE/COURSE ACADEMIC PERIOD OF ATTENDANCE 26 LEVEL UNITS (Write in full) (Write in full) GRADUATED HONORS EARNED RECEIVED GRADU SALUTATORIA **PAA ELEMENTARY SCHOOL** PRIMARY EDUCATION ELEMENTARY 07/06/1982 30/03/1983 1988 **ATED** WITH GRADU SECONDARY CONCEPCION NATIONAL HIGH SCHOOL SECONDARY EDUCATION 06/06/1988 30/03/1993 1993 **HONORS** ATED BACHELOR IN SICENCE OF GRADU SOUTHWESTERN UNIVERSITY COLLEGE 04/10/1994 29/10/1998 N/A 1998 **ACCOUNTANCY** TED UNITS MARYHILL COLLEGE, INC. **UNITS EARNER** 13/06/2015 29/03/2016 2016 N/A MASTERS IN BUSINESS GRADU GRADUATE STUDIES UNIVERSITY OF BATANGAS **MANAGEMENT-MAJOR IN BUSINESS** 09/08/2018 18/08/2020 2018 N/A ATED ADMINISTRATION DOCTOR OF PHILOSOPHY IN BUSINESS 60 UNIVERSITY OF BATANGAS 10/10/2020 PRESENT MANAGEMENT UNITS 7-11-2023 SIGNATURE CS FORM 212 (Revised 2017), Page 1 of DATE

	ERVICE ELIG		DATES	DATE OF				LICENSE (if a	pplicable)
	LET (LICENSURE EXAMINATION FOR		RATING (If Applicable)	EXAMINATION / CONFERMENT	PLACE OF EXAMINA	TION / CONFER	RMENT	NUMBER	Date of
			77.0	25/09/2016			NA CITY		Validity 15/03/2022
	TEACH	IER)						1512965	
			(Co.	ntinue on separate sheet	if necessary)				
	EXPERIENCE				·				
	ate employme	nt. Start from your recen	t work) Description	of duties should b	e indicated in the attache	d Work Exp	SALARY/ JOB/ PAY		
	ım/dd/yyyy)	POSITION T (Write in full/Do not		DEPARTMENT / AGENCY / OFFICE / COMPANY MONTHLY (Write in full/Do not abbreviate) SALARY			GRADE (if applicable)& STEP (Format "00-0")/	STATUS OF APPOINTMENT	GOV'T SERVICE
From	То	(Willo III Idiii) Do Not	assistiate)	(Willo iii lai	in Do Not approviately		INCREMENT		(Y/ N)
06/06/2017	TO PRESENT	SECONDARY SCHOOL	OL TEACHER II	DEPARTMENT OF EDUCATION - LINA GAYETA LASQUETY NHS, PADRE BURGOS, QUEZON		P 27,892	12-3	PERMANENT	Y
31/08/2006	31/07/2011	SALES MARI	KETING	GLOBAL LINK MARKETING		P 20,000	N/A	N/A	
30/04/2005	31/08/2002	ADMINISTRATIVE	ASSISTANT	CEVOR SOFTWAR	P 9,000	N/A	N/A		
1/10/1994	30/04/1996	AUDIO TECHNICIAN A		Hearing Impaired Center (Rotary Club and Chong Hua Hospital P 5,000 Project)			N/A	N/A	
					• /				
									1
									1
			(Co	ntinue on separate sheet	if necessary)				
SIGNA	ATURE	- (4)		DATE	7-11-2023		CS FORM 2	12 (Revised 2017),	Page 2 of 4

NAME & ADDRESS OF ORGANIZATION (Write in full)		INCLUSIVE DATES (mm/dd/yyyy) From To		NUMBER OF HOURS		POSITION / NATURE OF WORK		
N/A		N/A	N/A	N/A	N/A		N/A	
	(Cont	tinue on separate s	hoot if necessary					
VII. LEARNING AND DEVELOPMENT (L&D)								
Start from the most recent L&D/training program and includ	e only the relevant L&D/training taken for t	T T	s for Division Chie	f/Executive/Manag	rerial positions) Type of LD			
30. TITLE OF LEARNING AND DEVELOPMENT INTE (Write in full)	RVENTIONS/TRAINING PROGRAMS	ATTEN	IDANCE Id/yyyy)	NUMBER OF HOURS	(Managerial/ Supervisory/	CONDUCTED/SPONSORED BY (Write in full)		
		From	То		Technical/etc)			
Instructional Practices for K to 12 Curriculum towa	rds Global Citizenship Education	11/09/2019	11/09/2019	5	Educational	Pagbilao N	lational High School	
Business Research Completion		02/27/2019	03/10/2019	32	Educational	Calavan F	ducational Foundation, Inc.	
Business Research Completion		9/22/2018	9/22/2018	8	Educational	odidydii E	dadatonari oundaton, mo.	
Seminar workshop on Qualitative Research an	d Qualitative Data Analysis						ducational Foundation, Inc. d of Clairvaux	
Bookkeping NC III		01/26/2017	03/28/2017	292	EDUCATIONAL			
Computer Technician and Computer Syster	n Servicina	05/05/2016	31/08/2016	300	TECHNICAL	Lucena Ma Technical	anpower Skills and Center	
computer recriminating and computer dyster	T Col Violing	00/00/2010	01/00/2010	000	TEOTIMONE		anpower Skills and	
Electrical Installation Maintenance NC II		05/05/2016	26/07/2016	192	VOCATIONAL	Technical	Center	
Bread and Pastry Production NC II		26/03/2016	26/03/2016	192	VOCATIONAL	El Royale l	Hotelier Traning Center Inc.	
Webinars in: Literature Review-What works and What Does not				3.0	Educational		Zoom	
Guidelines on Selection of Rese	archable Problems			3.0	Educational		Zoom	
Law Effectively Weits Markeds Describe and Discussion for Dublication				3.0	Educational		Zoom	
How Effectively Write Methods, Results and Discussion for Publications				3.0	Lucational		20011	
Effective Research Dissemination and Pu	blication and Implementation			3.0	Educational		Zoom	
Literature Review, what works and What does not. How to write the Review of Related Literature Studies and the Research Methodology				3.0	Educational		Zoom	
How to Present, Analyze and Interpret				3.0	Educational		Zoom	
How to Summarize the Findings, Draw Recommendati				3.0	Educational		Zoom	
Publication Guidelines Procedures and APA Application				3.0	Educational		Zoom	
				3.0	Educational		Googlemeet	
Tourism Promotion Service								
Business Start-	•			3.0	Educational		Googlemeet	
Cetificate of Recognition -Development of D Learningn Materials for Senior High School-	Deped Division of Quezon				Educational			
VIII. OTHER INFORMATION	(Cont	tinue on separate s	heet if necessary)					
31. SPECIAL SKILLS and HOBBIES	32. NON	■ 22				MBERSHIP IN ASSOCIATION/ORGANIZATION		
N/A		(Write in full) (Write in full)						
N/A								
		linua ar '	boot if					
SIGNATURE	(Cont	inue on separate s	DATE		7-11-2022		CS FORM 212 (Revised 2017), Page 3 of	

VI. VOLUNTARY WORK OR INVOLVEMENT IN CIVIC / NON-GOVERNMENT / PEOPLE / VOLUNTARY ORGANIZATION/S

34.	Are you related by consanguinity or affinity to the appointing chief of bureau or office or to the person who has immediate Bureau or Department where you will be apppointed, a. within the third degree? b. within the fourth degree (for Local Government Unit - County	☐ YES ☑ NO ☐ YES ☑ NO If YES, give details:						
35.	a. Have you ever been found guilty of any administrative of	☐ YES ☑ NO If YES, give details:						
	b. Have you been criminally charged before any court?	☐ YES ☑ NO If YES, give details: Date Filed: Status of Case/s:						
36.	Have you ever been convicted of any crime or violation of any court or tribunal?	YES ☑ NO If YES, give details:						
37.	Have you ever been separated from the service in any of retirement, dropped from the rolls, dismissal, termination, (abolition) in the public or private sector?	☐ YES ☑ NO If YES, give details: ————————————————————————————————————						
38.	a. Have you ever been a candidate in a national or local e Barangay election)?	☐ YES ☑ NO If YES, give details:						
	b. Have you resigned from the government service during election to promote/actively campaign for a national or loc	☐ YES ☑ NO If YES, give details:						
39.	Have you acquired the status of an immigrant or permane	☐ YES ☑ NO If YES, give details (country): ————————————————————————————————————						
40. a. b.	Pursuant to: (a) Indigenous People's Act (RA 8371); (b) M 7277); and (c) Solo Parents Welfare Act of 2000 (RA 8972 Are you a member of any indigenous group? Are you a person with disability? Are you a solo parent?	☐ YES ☑ NO If YES, please specify: ☐ YES ☑ NO If YES, please specify ID No: ☑ YES ☐ NO If YES, please specify ID No: 2022-117						
41.	REFERENCES (Person not related by consanguinity or affinity to applica	int /appointee)						
	NAME	ADDRESS	MOBILE NO.					
	Eliza Enopia	Dumaguete City	0910-439-6837	(a) (a)				
Shirley T. Equipado		Muntilupa City	0916-6880-538					
	Maria Victoria D. Flores	Lucena City	0925-8172-717					
42.	I declare under oath that I have personally accomplished statement pursuant to the provisions of pertinent laws, authorize the agency head / authorized representative to misrepresentation made in this document and its attach against me.	rules and regulations of the Republic of overify/validate the contents stated herein	the Philippines. I . I agree that any	AIDA L. ZARATE PHOTO				
P. G	overnment Issued ID (i.e.Passport, GSIS, SSS, PRC, Driver's License, etc.) LEASE INDICATE ID Number and Date of Issuance overnment Issued ID: Professional Regulation Commission Publicense/Passport No.: 1512965 ate/Place of Issuance: 12/22/2016 LUCENA CITY	<)	Right Thumbmark					
	SUBSCRIBED AND SWORN to before me this 27th of February, 2023 , affiant exhibiting his/her validly issued government ID as indicated above.							
		Person Administering Oath						
			00 7001/02/7					
1				CS FORM 212 (Revised 2017), Page 4 of 4				