

# 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	FABELLA		
FIRST NAME	ZEDRIKKE CLIPHORDE		NAME EXTENSION (JR., SR)
MIDDLE NAME	RIEL		
3. DATE OF BIRTH (mm/dd/yyyy)	07/01/1996	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	Tacloban City, Leyte	If holder of dual citizenship, please indicate the details.	
5. SEX	<input checked="" type="checkbox"/> Male <input type="checkbox"/> Female		
6 CIVIL STATUS	<input checked="" type="checkbox"/> Single <input type="checkbox"/> Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Separated <input type="checkbox"/> Other/s:		
7. HEIGHT (m)	1.72m	17. RESIDENTIAL ADDRESS	NONE House/Block/Lot No. Street ZONE 4B BRGY. 110-UTAP Subdivision/Village Barangay TACLOBAN CITY LEYTE City/Municipality Province
8. WEIGHT (kg)	80kg	ZIP CODE	
9. BLOOD TYPE	A+	18. PERMANENT ADDRESS	NONE House/Block/Lot No. Street ZONE 4B BRGY. 110-UTAP Subdivision/Village Barangay TACLOBAN CITY LEYTE City/Municipality Province
10. GSIS ID NO.	NONE	ZIP CODE	6500
11. PAG-IBIG ID NO.	NONE		
12. PHILHEALTH NO.	NONE		
13. SSS NO.	NONE	19. TELEPHONE NO.	NONE
14. TIN NO.	710-948-819	20. MOBILE NO.	+(63) 928 415 3560
15. AGENCY EMPLOYEE NO.	0221G01	21. E-MAIL ADDRESS (if any)	<a href="mailto:zedrikkefabella@gmail.com">zedrikkefabella@gmail.com</a>

## II. FAMILY BACKGROUND

22. SPOUSE'S SURNAME	NONE		23. NAME of CHILDREN (Write full name and list all)	DATE OF BIRTH (mm/dd/yyyy)
FIRST NAME	NONE	NAME EXTENSION (JR., SR)	NONE	NONE
MIDDLE NAME	NONE			
OCCUPATION	NONE			
EMPLOYER/BUSINESS NAME	NONE			
BUSINESS ADDRESS	NONE			
TELEPHONE NO.	NONE			
24. FATHER'S SURNAME	FABELLA			
FIRST NAME	RODRIGO	NAME EXTENSION (JR., SR)		
MIDDLE NAME	RAMOS			
25. MOTHER'S MAIDEN NAME				
SURNAME	FABELLA			
FIRST NAME	MARILOU			
MIDDLE NAME	RIEL		(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	JUDGE ANTONIO R. MONTILLA SR. ELEMENTARY SCHOOL	BASIC EDUCATION	2005	2009	N/A	2009	VALEDICTORIAN
SECONDARY	LEYTE NATIONAL HIGH SCHOOL	ENGINEERING SCIENCE EDUCATION PROGRAM (ESEP)	2009	2013	N/A	2013	NONE
VOCATIONAL / TRADE COURSE	NONE						
COLLEGE	VISAYAS STATE UNIVERSITY	BACHELOR OF ANIMAL SCIENCE	2013	2017	N/A	2017	CUM LAUDE
GRADUATE STUDIES	VISAYAS STATE UNIVERSITY	MASTERS IN ANIMAL SCIENCE	2017	2020	N/A	2020	NONE

(Continue on separate sheet if necessary)

SIGNATURE		DATE	
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#### IV. CIVIL SERVICE ELIGIBILITY

27.	CAREER SERVICE/ RA 1080 (BOARD/ BAR) UNDER SPECIAL LAWS/ CES/ CSEE BARANGAY ELIGIBILITY / DRIVER'S LICENSE	RATING (If Applicable)	DATE OF EXAMINATION / CONFERMENT	PLACE OF EXAMINATION / CONFERMENT	LICENSE (if applicable)	
					NUMBER	Date of Validity
	LICENSURE EXAMINATION FOR AGRICULTURIST	81.5	9/24/2018	TACLOBAN CITY	0031292	07/01/2021
	PD 907 - HONOR GRADUATE ELIGIBILITY	NONE	06/01/2017	GOVERNMENT CENTER, BRGY. PAWING, PALO, LEYTE	100108170726	N/A

(Continue on separate sheet if necessary)

## V. WORK EXPERIENCE

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

[illegible]

(Continue on separate sheet if necessary)

<i>SIGNATURE</i>		<i>DATE</i>	
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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			
	COUPLES FOR CHRIST - SINGLES FOR CHRIST BAYBAY CITY	08/01/2018	PRESENT		MEMBER	
(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			
	THE FUNDAMENTALS OF CATTLE FEEDING	16/09/2019	16/09/2019	2.0	TECHNICAL	ADELAIDE RIVER FARMS c/o ARNEL CORPUZ
	HOME-BASED FEED FORMULATION RATION TRAINING FOR SWINE AND POULTRY	05/12/2018	05/12/2018	8.0	TECHNICAL	VISAYAS STATE UNIVERSITY - DEPARTMENT OF AGRICULTURE EDUCATION AND EXTENSION
	ASTHRDP GRADUATE SCHOLARS CONFERENCE YEAR 9	26/11/2020	27/11/2020	16.0	TECHNICAL	DEPARTMENT OF SCIENCE AND TECHNOLOGY - SCIENCE EDUCATION INSTITUTE
	DEEPENING CIVIC LEADERSHIP AND HUMANITARIAN AMONG PATRIOT SCHOLARS THROUGH SECTORAL INITIATIVES	23/10/2020	23/10/2020	6.0	TECHNICAL	DEPARTMENT OF SCIENCE AND TECHNOLOGY - SCIENCE EDUCATION INSTITUTE
	SMART FOOD VALUE CHAIN WEBINAR	10/11/2021	20/11/2021	2.0	TECHNICAL	DEPARTMENT OF SCIENCE AND TECHNOLOGY - SCIENCE EDUCATION INSTITUTE
	WEBINAR ON ITDI TECHNOLOGIES	11/11/2021	11/11/2021	6.0	TECHNICAL	DEPARTMENT OF SCIENCE AND TECHNOLOGY - REGIONAL OFFICE VIII
	2021 IN TOUCH WITH EXCELLENCE	26/11/2021	26/11/2021	4.0	TECHNICAL	DEPARTMENT OF SCIENCE AND TECHNOLOGY - REGIONAL OFFICE VIII
	AWARDING CEREMONIES FOR THE IMPLEMENTATION OF DOST VIII PROJECTS	28/11/2021	28/11/2021	4.0	TECHNICAL	DEPARTMENT OF SCIENCE AND TECHNOLOGY - REGIONAL OFFICE VIII
	TRANSFORMING LIVES THROUGH THE APPLICATION OF S&T CONSULTANTS NOTEBOOK	27/11/2021	27/11/2021	4.0	TECHNICAL	DEPARTMENT OF SCIENCE AND TECHNOLOGY - REGIONAL OFFICE VIII
	SETUP PRAISE AWARD FOR MSMEs	23/11/2021	23/11/2021	4.0	TECHNICAL	DEPARTMENT OF SCIENCE AND TECHNOLOGY - REGIONAL OFFICE VIII
	REGIONAL HEALTH RESEARCH SYMPOSIUM	24/11/2021	24/11/2021	8.0	TECHNICAL	EASTERN VISAYAS HEALTH RESEARCH & DEVELOPMENT CONSORTIUM
(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)	
	COMPUTER LITERACY SKILLS		NONE		CFC-SINGLES FOR CHRIST MEMBER	
	RESEARCH AND WRITING SKILLS					
	ORAL AND COMMUNICATION SKILLS					
	DRIVING SKILLS (1&2 RESTRICTIONS)					
(Continue on separate sheet if necessary)						
SIGNATURE			DATE			

<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> <hr/> <p><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>If YES, give details: _____</p> <p style="text-align: right;">Date Filed: _____</p> <p style="text-align: right;">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 style="text-align: right;">RESIGNATION</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: 35%;">NAME</th> <th style="width: 35%;">ADDRESS</th> <th style="width: 30%;">TEL. NO.</th> </tr> </thead> <tbody> <tr> <td>MANUEL D. GACUTAN</td> <td>GUADALUPE, BAYBAY CITY, LEYTE</td> <td>0970-292-6437</td> </tr> <tr> <td>MARC STEVE DE PAZ CAPUNGCOL</td> <td>DULAG, LEYTE</td> <td>0917-327-6763</td> </tr> <tr> <td>JEAN GAY O. RAGUB</td> <td>PALO, LEYTE</td> <td>0917-304-3335</td> </tr> </tbody> </table>		NAME	ADDRESS	TEL. NO.	MANUEL D. GACUTAN	GUADALUPE, BAYBAY CITY, LEYTE	0970-292-6437	MARC STEVE DE PAZ CAPUNGCOL	DULAG, LEYTE	0917-327-6763	JEAN GAY O. RAGUB	PALO, LEYTE	0917-304-3335
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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="border: 1px solid black; padding: 10px; margin-bottom: 10px;"> <p>ID picture taken within the last 6 months 4.5 cm. X 3.5 cm (passport size)</p> <p>Computer generated or photocopied picture is not acceptable</p> </div> <p style="text-align: center;">PHOTO</p> <div style="border: 1px solid black; height: 100px; margin-top: 10px;"></div> <p style="text-align: center;">Right Thumbmark</p>													
<p>SUBSCRIBED AND SWORN to before me this _____, affiant exhibiting his/her validly issued government ID as indicated above.</p> <div style="border: 1px solid black; width: 250px; height: 60px; margin: 10px auto;"></div> <p style="text-align: center;">Person Administering Oath</p>													