

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	BALIVIA		
	FIRST NAME	MICHAEL	NAME EXTENSION (JR., SR) N/A
	MIDDLE NAME	APLAON	
3. DATE OF BIRTH (mm/dd/yyyy)	07/25/1994	16. CITIZENSHIP If holder of dual citizenship, please indicate the details.	<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	KABANKALAN CITY, NEGROS OCCIDENTAL		Philippines
5. SEX	<input checked="" type="checkbox"/> Male <input 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	N/A TAYUM STREET
			House/Block/Lot No. Street
			N/A BARANGAY 4
7. HEIGHT (m)	1.61		Subdivision/Village Barangay
8. WEIGHT (kg)	63		KABANKALAN CITY NEGROS OCCIDENTAL
9. BLOOD TYPE	O		City/Municipality Province
10. GSIS ID NO.	N/A	18. PERMANENT ADDRESS	N/A TAYUM STREET
11. PAG-IBIG ID NO.	121232998723		House/Block/Lot No. Street
12. PHILHEALTH NO.	112521408386		N/A BARANGAY 4
13. SSS NO.	0738345558		Subdivision/Village Barangay
14. TIN NO.	000349429466		KABANKALAN CITY NEGROS OCCIDENTAL
15. AGENCY EMPLOYEE NO.	31014254		City/Municipality Province
		19. TELEPHONE NO.	N/A
		20. MOBILE NO.	09274952562
		21. E-MAIL ADDRESS (if any)	BALIVIAMICHAEL@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	BALIVIA			
	FIRST NAME	MICHAEL NAME EXTENSION (JR., SR) SR		
	MIDDLE NAME	ALMORATO		
25. MOTHER'S MAIDEN NAME				
	SURNAME	APLAON		
	FIRST NAME	EDITHA		
	MIDDLE NAME	GARANCHO	(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	ESTEBAN R. ABADA MEMORIAL SCHOOL - WEST	ELEMENTARY	2001	2007	Graduated	2007	N/A
SECONDARY	BINICUIL NATIONAL HIGH SCHOOL - POBLACION EXTENSION	HIGH SCHOOL	2007	2011	Graduated	2011	N/A
VOCATIONAL / TRADE COURSE	N/A	N/A	N/A	N/A	N/A	N/A	N/A
COLLEGE	FELLOWSHIP BAPTIST COLLEGE	BACHELOR OF SCIENCE IN INFORMATION TECHNOLGY	2014	2018	Graduated	2018	N/A
GRADUATE STUDIES	N/A	N/A	N/A	N/A	N/A	N/A	N/A

(Continue on separate sheet if necessary)

SIGNATURE		DATE	03/21/2024
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IV. CIVIL SERVICE ELIGIBILITY

[illegible]

(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)

SIGNATURE		DATE	3/21/2024
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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						
(Start from the most recent L&D/training program and include only the relevant L&D/training taken for the last five (5) years for Division Chief/Executive/Managerial positions)						
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			
	OCCUPATIONAL SAFETY AND HEALTH TRAINING	02/24/2023	02/24/2023	8	TECHNICAL	UNIVERSAL ROBINA CORPORATION - SUGAR AND RENEWABLES, KABANKALAN CITY
	SYSTEMS, APPLICATION AND PRODUCTS - SIMPLE 4 HIGH-PERFORMANCE ANALYTIC APPLIANCE ROADSHOW	11/28/2022	12/03/2022	32	TECHNICAL	UNIVERSAL ROBINA CORPORATION - SUGAR AND RENEWABLES, LA CARLOTA CITY
	MENDIX PLATFORM TRAINING	11/27/2021	11/28/2021	16	TECHNICAL	UNIVERSAL ROBINA CORPORATION - SUGAR AND RENEWABLES, KABANKALAN CITY
	INTERNATIONAL ORGANIZATION FOR STANDARDIZATION 9001:2015 QUALITY MANAGEMENT SYSTEM AWARENESS	03/10/2020	03/10/2020	8	TECHNICAL	UNIVERSAL ROBINA CORPORATION - SUGAR AND RENEWABLES, KABANKALAN CITY
	IMPROVING WORKPLACE SAFETY THROUGH BEHAVIORAL BASE SAFETY TRAINING	02/18/2019	02/20/2019	24	TECHNICAL	UNIVERSAL ROBINA CORPORATION - SUGAR AND RENEWABLES, KABANKALAN CITY
(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)		
	TECHNICAL SUPPORT ANALYST	N/A		N/A		
	HARDWARE AND SOFTWARE TROUBLESHOOTING AND MAINTENANCE					

NETWORK CONFIGURATION AND SUPPORT		
MICROSOFT SQL AND MYSQL DATABASE MANAGEMENT SYSTEM		
WEB-BASED SYSTEM DEVELOPMENT AND DESIGN		
SYSTEM ADMINISTRATION		
STRONG INTERPERSONAL COMMUNICATION SKILLS		
(Continue on separate sheet if necessary)		
SIGNATURE		DATE
		3/21/2024

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.
BRYAN B. ESPELLOGO	SITIO SAN JUAN, BARANGAY CAMUGAO, KABANKALAN CITY	09988419081
NEIL BUSTAMANTE	SITIO SAN JUAN, BARANGAY CAMUGAO, KABANKALAN CITY	09496119360
EDEN F. CASUYON	AZCONA SUBDIVISION, BARANGAY ONE, KABANKALAN CITY	09228893763

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.

ID picture taken within the last 6 months
3.5 cm. X 4.5 cm
(passport size)

With full and handwritten name tag and signature over printed name

Computer generated or photocopied picture is not acceptable

PHOTO

Government Issued ID (i.e. Passport, GSIS, SSS, PRC, Driver's License, etc.)

PLEASE INDICATE ID Number and Date of Issuance

Government Issued ID: **DRIVER'S LICENSE**

ID/License/Passport No.: **F02-20-002607**

Date/Place of Issuance: **07/20/2020**

Signature (Sign inside the box)

Date/Place of issuance: 07/30/2020

Date Accomplished

Right Thumbmark

SUBSCRIBED AND SWORN to before me this _____, affiant exhibiting his/her validly issued government ID as indicated above.

Person Administering Oath