

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	GALO		
FIRST NAME	DENNIS	NAME EXTENSION (JR., SR)	
MIDDLE NAME	GINGCO		
3. DATE OF BIRTH (mm/dd/yyyy)	12/12/1988	16. CITIZENSHIP	<input checked="" type="checkbox"/> Filipino <input type="checkbox"/> Dual Citizenship <input checked="" type="checkbox"/> by birth <input type="checkbox"/> by naturalization Pls. indicate country:
4. PLACE OF BIRTH	Merida, 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 type="checkbox"/> Single <input type="checkbox"/> Widowed <input type="checkbox"/> Other/s:	<input checked="" type="checkbox"/> Married <input type="checkbox"/> Separated	17. RESIDENTIAL ADDRESS House/Block/Lot No. Street Purok 4 Mahalit Subdivision/Village Barangay Merida Leyte City/Municipality Province ZIP CODE 6540
7. HEIGHT (m)	1.67		
8. WEIGHT (kg)	70		
9. BLOOD TYPE	B+		
10. GSIS ID NO.			
11. PAG-IBIG ID NO.	1210-0839-3175		
12. PHILHEALTH NO.	13-050122457-0		
13. SSS NO.	06-2684303-6		
14. TIN NO.	945-555-879		
15. AGENCY EMPLOYEE NO.			
	21. E-MAIL ADDRESS (if any)	dennis.galo1212@gmail.com	

II. FAMILY BACKGROUND

22. SPOUSE'S SURNAME	Galo		23. NAME OF CHILDREN (Write full name and list all)	DATE OF BIRTH (mm/dd/yyyy)
FIRST NAME	Rica Rose	NAME EXTENSION (JR., SR)	Rabek Torcino Galo	10/15/15
MIDDLE NAME	Torcino			
OCCUPATION	Admin Assistant - JO			
EMPLOYER/BUSINESS NAME	Visayas State University Isabel			
BUSINESS ADDRESS	Marvel, Isabel, Leyte			
TELEPHONE NO.				
24. FATHER'S SURNAME	Galo			
FIRST NAME	Antonio	NAME EXTENSION (JR., SR)		
MIDDLE NAME	Aying			
25. MOTHER'S MAIDEN NAME	Gingco			
SURNAME	Galo			
FIRST NAME	Ma. Ana			
MIDDLE NAME	Dameles			

(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	Calunasan Elementary School	Elementary	1995	2001		2001	
SECONDARY	Merida Vocational School	Highschool	2001	2005		2005	
VOCATIONAL / TRADE COURSE							
COLLEGE	Visayas State University Isabel	Associate in Computer Technology	2009	2010		2010	
GRADUATE STUDIES						X	

(Continue on separate sheet if necessary)

SIGNATURE		DATE	06/22/2023
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[illegible]

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

[illegible]

SIGNATURE		DATE	06 /22/ 2023
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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		
	Philippine Red Cross-Leyte Chapter, Isabel Branch	04/01/2017	10/01/2018		Driver/Responder - Volunteer

(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			
	Disaster Risk Reduction Management Training & Water Search and Rescue Workshop	08/02/2018	08/05/2018	24		Boy Scout of the Philippines - Leyte Council
	Basic Ambulance Operation Course	06/14/2018	06/15/2018	16		Philippine Red Cross - Leyte Chapter, Isabel Branch
	Standard First Aid and Basic Life Support Training	12/04/2017	12/07/2017	32		Philippine Red Cross - Leyte Chapter
	Inter-municipality Rescue Knowledge Management - Multi-Diciplinary Cross Training Exercise	08/19/2017	08/20/2017	16		MDRRMO of Palompon, Isabel, Merida, Leyte
	Mountain Search and Rescue (MOSAR)	08/02/2017	08/06/2017	40		Leyte PDRRMO
	Defensive Driving Training	03/18/2017	03/18/2017	8		Philippine Red Cross, American Red Cross & LTO

(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)
	Musician				Merida Repatriated OFW Association

(Continue on separate sheet if necessary)

SIGNATURE		DATE	06/22/2023
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<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 type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>If YES, give details: _____</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: 40%;">NAME</th> <th style="width: 40%;">ADDRESS</th> <th style="width: 20%;">TEL. NO.</th> </tr> </thead> <tbody> <tr> <td>Engr. Ploem Dal Galupo</td> <td>Baybay City</td> <td>09264463556</td> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table>		NAME	ADDRESS	TEL. NO.	Engr. Ploem Dal Galupo	Baybay City	09264463556						
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Engr. Ploem Dal Galupo	Baybay City	09264463556											
<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>													
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="padding: 2px;">Government Issued ID (i.e. Passport, GSIS, SSS, PRC, Driver's License, etc.)</td> </tr> <tr> <td style="padding: 2px;">PLEASE INDICATE ID Number and Date of Issuance</td> </tr> <tr> <td style="padding: 2px;">Government Issued ID: Driver's Licence</td> </tr> <tr> <td style="padding: 2px;">ID/License/Passport No.: HO3-07-000103</td> </tr> <tr> <td style="padding: 2px;">Date/Place of Issuance: LTO Ormoc</td> </tr> </table>	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 Licence	ID/License/Passport No.: HO3-07-000103	Date/Place of Issuance: LTO Ormoc	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="text-align: center; padding: 10px;"> Signature (Sign inside the box) </td> </tr> <tr> <td style="text-align: center; padding: 5px;"> 06/22/2023 Date Accomplished </td> </tr> </table>	 Signature (Sign inside the box)	06/22/2023 Date Accomplished					
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<div style="border: 1px solid black; padding: 10px; margin: 10px;"> <p>ID picture taken within the last 6 months 3.5 cm. X 4.5 cm (passport size)</p> <p>With full and handwritten name tag and signature over printed name</p> <p>Computer generated or photocopied picture is not acceptable</p> <p style="text-align: center;">PHOTO</p> </div> <div style="border: 1px solid black; height: 100px; margin: 10px; text-align: center; line-height: 100px;"> Right Thumbmark </div>													
<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: 300px; height: 60px; margin: 10px auto; text-align: center; line-height: 60px;"> Person Administering Oath </div>													