

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	MONTAJES		
FIRST NAME	DECA VARIÑA	NAME EXTENSION (JR., SR)	N/A
MIDDLE NAME	GALVEZ		
3. DATE OF BIRTH (mm/dd/yyyy)	12/17/1992	16. CITIZENSHIP	☒ Filipino ☐ Dual Citizenship ☐ by birth ☐ by naturalization Pls. indicate country:
4. PLACE OF BIRTH	BAYBAY, LEYTE	If holder of dual citizenship, please indicate the details.	Philippines
5. SEX	☐ Male ☒ Female		
6 CIVIL STATUS	☐ Single ☒ Married ☐ Widowed ☐ Separated ☐ Other/s:	17. RESIDENTIAL ADDRESS	ZONE-1 ALAJAS ST. House/Block/Lot No. Street CORAZON VILLAGE BRGY. CARIDAD Subdivision/Village Barangay BAYBAY CITY LEYTE City/Municipality Province
7. HEIGHT (m)	1.61	ZIP CODE	6521
8. WEIGHT (kg)	50		
9. BLOOD TYPE	O+	18. PERMANENT ADDRESS	ZONE-1 ALAJAS ST. House/Block/Lot No. Street CORAZON VILLAGE BRGY. CARIDAD Subdivision/Village Barangay BAYBAY CITY LEYTE City/Municipality Province
10. GSIS ID NO.	2004860748	ZIP CODE	6521
11. PAG-IBIG ID NO.	9132-8905-5202		
12. PHILHEALTH NO.	12-051265656-6		
13. SSS NO.	06-32447394-8	19. TELEPHONE NO.	NONE
14. TIN NO.	315-443-851	20. MOBILE NO.	0935 750 1772
15. AGENCY EMPLOYEE NO.	00697	21. E-MAIL ADDRESS (if any)	gdeevc@gmail.com

II. FAMILY BACKGROUND

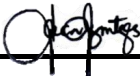
22. SPOUSE'S SURNAME	MONTAJES		23. NAME of CHILDREN (Write full name and list all)	DATE OF BIRTH (mm/dd/yyyy)
FIRST NAME	GIEBERT	NAME EXTENSION (JR., SR) N/A	NONE	N/A
MIDDLE NAME	LUNGAY			
OCCUPATION	OFFICE CLERK			
EMPLOYER/BUSINESS NAME	VISAYAS STATE UNIVERSITY-MAIN CAMPUS			
BUSINESS ADDRESS	VISCA, BAYBAY CITY, 6521 LEYTE			
TELEPHONE NO.	(053) 565 0600			
24. FATHER'S SURNAME	GALVEZ			
FIRST NAME	SAMUEL	NAME EXTENSION (JR., SR) N/A		
MIDDLE NAME	DOTAROT			
25. MOTHER'S MAIDEN NAME	GENITA MURILLO CORDERO			
SURNAME	CORDERO			
FIRST NAME	GENITA			
MIDDLE NAME	MURILLO		(Continue on separate sheet if necessary)	

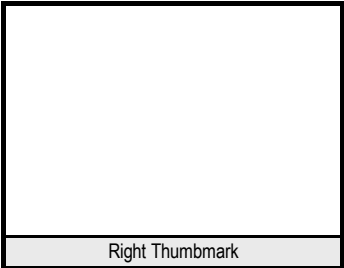
III. EDUCATIONAL BACKGROUND

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	VISCA FOUNDATION ELEMENTARY SCHOOL	PRIMARY EDUCATION	1999	2005	N/A	2005	2ND HONORABLE MENTION
SECONDARY	VISAYAS STATE UNIVERSITY LABORATORY HIGH SCHOOL	HIGH SCHOOL	2005	2009	N/A	2009	WITH HONORS
VOCATIONAL / TRADE COURSE	N/A						
COLLEGE	UNIVERSITY OF SAN CARLOS	BACHELOR OF SCIENCE IN MANAGEMENT ACCOUNTING	2009	2013	N/A	2013	N/A
GRADUATE STUDIES	N/A						

(Continue on separate sheet if necessary)

SIGNATURE		DATE	July 17, 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			
	ASSOCIATION OF GOVERNMENT INTERNAL AUDITORS (AGIA), INC. - UNIT 402 MERCHANT SQUARE CONDOMINIUM, 1386 E. RODRIGUEZ SR. AVENUE COR. MABOLO ST. NEW MANILA, QUEZON CITY 1102	12/13/2018	PRESENT	N/A	MEMBER	
	R.B. CATACUTAN AND ASSOCIATES 3 E.L., OSMEÑA BLDG., PELAEZ ST., CEBU CITY	11/5/2012	2/4/2013	200	STUDENT INTERN BOOKKEEPER	
(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			
	COA GUIDELINES AND PROCEDURES: ONE-TIME CLEANSING OF PROPERTY, PLANT, AND EQUIPMENT (PPE) ACCOUNT BALANCES FOR ALL GOVERNMENT INSTITUTIONS VIA ZOOM	6/6/2023	6/7/2023	6	N/A	CENTER FOR GLOBAL BEST PRACTICES
	2nd LOCAL GOVERNMENT UNIT (LGUs) FORUM, THEME: INTERNAL AUDIT IN THE LGUs: A PILLAR OF GOOD GOVERNANCE VIA ZOOM	8/18/2022	8/18/2022	5	N/A	ASSOCIATION OF GOVERNMENT INTERNAL AUDITORS (AGIA), INC.
	2ND GOVERNMENT INTERNAL AUDITORS SUMMIT VIA ZOOM	6/8/2022	6/10/2022	12	N/A	ASSOCIATION OF GOVERNMENT INTERNAL AUDITORS (AGIA), INC.
	RULES AND REGULATIONS ON SETTLEMENT OF ACCOUNTS (RRSA) AND REVISED RULES OF PROCEDURE OF COA (RRPC)	8/19/2019	8/20/2019	16	N/A	COMMISSION ON AUDIT (COA) R08
	OPERATIONS AND MANAGEMENT AUDIT	12/11/2018	12/13/2018	24	N/A	ASSOCIATION OF GOVERNMENT INTERNAL AUDITORS (AGIA), INC.
	ORIENTATION ON PROCUREMENT PLANNING	8/14/2018	8/14/2018	8	N/A	DEPARTMENT OF BUDGET AND MANAGEMENT (DBM)
	GOVERNMENT PROCUREMENT REFORM ACT (R.A.9184) AND ITS REVISED IRR AND UPDATES	11/22/2017	11/24/2017	24	N/A	ASSOCIATION OF GOVERNMENT INTERNAL AUDITORS (AGIA), INC.
	LAWS AND RULES ON GOVERNMENT EXPENDITURES	10/3/2017	10/6/2017	32	N/A	COMMISSION ON AUDIT (COA) R08
	INTERNAL CONTROL STRUCTURE	9/19/2017	9/22/2017	32	N/A	COMMISSION ON AUDIT (COA) R08
(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)	
	BASIC AND GENERAL ACCOUNTING	NONE			ASSOCIATION OF GOVERNMENT INTERNAL AUDITORS (AGIA), INC.	
	WRITTEN ENGLISH				BAYBAY LOCAL GOVERNMENT EMPLOYEES ASSOCIATION (BaLGEA)	
	COMPUTER LITERACY				JUNIOR PHILIPPINE INSTITUTE OF ACCOUNTANTS (JPIA)	
	SABBATH SCHOOL SECRETARY AT CARIDAD SEVENTH DAY ADVENTIST (SDA)					
	SONG LEADER/CHORISTER AT CARIDAD SEVENTH DAY ADVENTIST (SDA) CHURCH					
	READING VARIETY OF BOOKS					
	MUSIC E.G. SINGING, ARTS E.G. LAYOUT DESIGNING					
(Continue on separate sheet if necessary)						
SIGNATURE				DATE	July 17, 2023	

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)?		☐ YES☒ NO ☐ YES☒ 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?		☐ YES☒ NO If YES, give details: _____ ☐ 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 law, decree, ordinance or regulation by any court or tribunal?		☐ YES☒ 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?		☐ YES☒ 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?		☐ YES☒ NO If YES, give details: _____ ☐ YES☒ NO If YES, give details: _____												
39. Have you acquired the status of an immigrant or permanent resident of another country?		☐ YES☒ 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?		☐ YES☒ NO If YES, please specify: _____ ☐ YES☒ NO If YES, please specify ID No: _____ ☐ YES☒ NO If YES, please specify ID No: _____												
41. REFERENCES (Person not related by consanguinity or affinity to applicant /appointee)														
<table><tr><td>NAME</td><td>ADDRESS</td><td>TEL. NO.</td></tr><tr><td>GRACE J. TRIPOLI</td><td>BRGY. GAAS, BAYBAY CITY, LEYTE</td><td>0942 335 4624</td></tr><tr><td>FILEMON F. AVILA</td><td>BRGY. CARIDAD, BAYBAY CITY, LEYTE</td><td>0975 884 5383</td></tr><tr><td>CARL NICOLAS C. CARI</td><td>BRGY. CANDADAM, BAYBAY CITY, LEYTE</td><td>0949 112 2752</td></tr></table>			NAME	ADDRESS	TEL. NO.	GRACE J. TRIPOLI	BRGY. GAAS, BAYBAY CITY, LEYTE	0942 335 4624	FILEMON F. AVILA	BRGY. CARIDAD, BAYBAY CITY, LEYTE	0975 884 5383	CARL NICOLAS C. CARI	BRGY. CANDADAM, BAYBAY CITY, LEYTE	0949 112 2752
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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.														
Government Issued ID (i.e.Passport, GSIS, SSS, PRC, Driver's License, etc.) PLEASE INDICATE ID Number and Date of Issuance Government Issued ID: LGU BAYBAY ID ID/License/Passport No.: 00697 Date/Place of Issuance: BAYBAY CITY, LEYTE	 Signature (Sign inside the box) July 17, 2023 Date Accomplished	 DECA VARINA GALVEZ MONTAJES  Right Thumbmark												
SUBSCRIBED AND SWORN to before me this _____, affiant exhibiting his/her validly issued government ID as indicated above.														
Person Administering Oath														