

PERSONAL DATA SHEET ( CSC FORM NO. 212)

PERSONAL DATA SHEET

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

Read the ATTACHED GUIDE TO FILLING OUT THE PERSONAL DATA SHEET (PDS) BEFORE ACCOMPLISHING THE PDS FORM.

Legibly. Tick appropriate boxes ☐ and use separate sheet if necessary. Indicate N/A if not applicable. DO NOT ABBREVIATE.

1 CSIS ID No. (Do not fill up. For CSC use only)

PERSONAL INFORMATION	
2 SURNAME	VERALLO
FIRST NAME	ALDRINIEL
MIDDLE NAME	SERVANDO
3 DATE OF BIRTH (mm/dd/yyyy)	01/03/1999
4 PLACE OF BIRTH	DAGAMI, LEYTE
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"/> Other/s;
7 HEIGHT (m)	1.66
8 WEIGHT (kg)	127
9 BLOOD TYPE	N/A
10 GSIS ID NO.	N/A
11 PAG-IBIG ID NO.	1212-6081-3825
12 PHILHEALTH NO.	13-050209439-5
13 SSS NO.	34-7656819-9
14 TIN NO.	N/A
15 AGENCY EMPLOYEE NO.	N/A
16 CITIZENSHIP	<input checked="" type="checkbox"/> Filipino <input type="checkbox"/> Dual Citizenship <input type="checkbox"/> by birth <input type="checkbox"/> by naturalization If holder of dual citizenship, please indicate the details.
17 RESIDENTIAL ADDRESS	BLK 5 LOT 21 ILOILO ST. House/Block/Lot No. Street KASSEL CITY SUBDIVISION BRGY. ABUCAY Subdivision/Village Barangay TACLOBAN CITY LEYTE City/Municipality Province 6500
18 PERMANENT ADDRESS	BLK 5 LOT 21 ILOILO ST. House/Block/Lot No. Street KASSEL CITY SUBDIVISION BRGY. ABUCAY Subdivision/Village Barangay TACLOBAN CITY LEYTE City/Municipality Province 6500
19 TELEPHONE NO.	(053) 839-6480
20 MOBILE NO.	(+63) 9183403130
21 E-MAIL ADDRESS (if any)	aldrinielverallo43@gmail.com

II. FAMILY BACKGROUND	
22 SPOUSE'S SURNAME	NAME EXTENSION (JR., SR.)
FIRST NAME	
MIDDLE NAME	
OCCUPATION	
EMPLOYER/BUSINESS NAME	
BUSINESS ADDRESS	
TELEPHONE NO.	
24 FATHER'S SURNAME	VERALLO
FIRST NAME	ALDRINIEL
MIDDLE NAME	SEVEROS
25 MOTHER'S MAIDEN NAME	SERVANDO
SURNAME	CRISTINA
FIRST NAME	REGIS
MIDDLE NAME	

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	RIZAL CENTRAL SCHOOL		06/01/2005 04/03/2011		2011	
SECONDARY	LEYTE NATIONAL HIGH SCHOOL		06/01/2011 04/05/2015		2015	
VOCATIONAL / TRADE COURSE						
COLLEGE	LEYTE NORMAL UNIVERSITY	BACHELOR OF SECONDARY EDUCATION MAJOR IN SOCIAL STUDIES	06/15/2015 05/23/2019		2019	
GRADUATE STUDIES						

SIGNATURE		DATE
[Signature]		01-12-2021



## 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]



WORK OR INVOLVEMENT IN CIVIC / NON-GOVERNMENT / PEOPLE / VOLUNTARY ORGANIZATION/S	ISSUE DATES	

[illegible]

(Continue on separate sheet if necessary)

## VII. LEARNING AND DEVELOPMENT (L&amp;D) INTERVENTIONS/TRAINING PROGRAMS ATTENDED

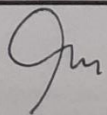
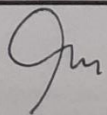
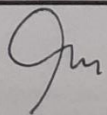






[illegible]

(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)
TEACHING		LITERACY TRAINING SERVICE
DANCING		
PHOTO EDITING		
BASKETBALL		
VOLLEYBALL		



by consanguinity or affinity to the appointing or recommending authority, or to the bureau or office or to the person who has immediate supervision over you in the Office, or Department where you will be appointed, within the third degree?		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO												
within the fourth degree (for Local Government Unit - Career Employees)?		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If YES, give details: _____												
a. Have you ever been found guilty of any administrative offense?		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If YES, give details: _____												
b. Have you been criminally charged before any court?		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If YES, give details: _____ Date Filed: _____ Status of Case/s: _____												
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: _____												
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: _____												
a. Have you ever been a candidate in a national or local election held within the last year (except Barangay election)?		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If YES, give details: _____												
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: _____												
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?		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If YES, please specify: _____												
b. Are you a person with disability?		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If YES, please specify ID No: _____												
c. Are you a solo parent?		<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)														
<table><thead><tr><th>NAME</th><th>ADDRESS</th><th>TEL. NO.</th></tr></thead><tbody><tr><td>EVELYN B. LEONIDO</td><td>NULATULA, TACLOBAN CITY</td><td>9287743828</td></tr><tr><td>MENGIE FULGENCIO</td><td>MCARTHUR, LEYTE</td><td>9179088114</td></tr><tr><td>LORENZO G. CAÑETE</td><td>KRISTINA HEGHTS, TACLOBAN CITY</td><td>9989709773</td></tr></tbody></table>			NAME	ADDRESS	TEL. NO.	EVELYN B. LEONIDO	NULATULA, TACLOBAN CITY	9287743828	MENGIE FULGENCIO	MCARTHUR, LEYTE	9179088114	LORENZO G. CAÑETE	KRISTINA HEGHTS, TACLOBAN CITY	9989709773
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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.														
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