

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	ALAO		
FIRST NAME	MARA	NAME EXTENSION (JR., SR) N/A	
MIDDLE NAME	MONTAJES		
3. DATE OF BIRTH (mm/dd/yyyy)	3/26/1999	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	BRGY. COGON BAYBAY CITY, LEYTE	If holder of dual citizenship, please indicate the details.	
5. SEX	<input type="checkbox"/> Male <input checked="" type="checkbox"/> Female		
6 CIVIL STATUS	<input type="checkbox"/> Single <input checked="" type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Separated <input type="checkbox"/> Other/s:	17. RESIDENTIAL ADDRESS	241 Zone 1 House/Block/Lot No. Street COGON Subdivision/Village Barangay BAYBAY LEYTE City/Municipality Province
7. HEIGHT (m)	1.55	ZIP CODE	6521
8. WEIGHT (kg)	58		
9. BLOOD TYPE	O+	18. PERMANENT ADDRESS	241 Zone 1 House/Block/Lot No. Street COGON Subdivision/Village Barangay BAYBAY LEYTE City/Municipality Province
10. GSIS ID NO.	N/A	ZIP CODE	6521
11. PAG-IBIG ID NO.	121298857417		
12. PHILHEALTH NO.	13-202738059-3		
13. SSS NO.	34-9596396-6	19. TELEPHONE NO.	N/A
14. TIN NO.	372-356-434-000	20. MOBILE NO.	09465161351
15. AGENCY EMPLOYEE NO.	N/A	21. E-MAIL ADDRESS (if any)	alaomara26@gmail.com

II. FAMILY BACKGROUND

22. SPOUSE'S SURNAME	ALAO		23. NAME of CHILDREN (Write full name and list all)	DATE OF BIRTH (mm/dd/yyyy)
FIRST NAME	KARLOS ANTON	NAME EXTENSION (JR., SR) N/A	LUISA FAITH MARIE M. ALAO	5/31/2019
MIDDLE NAME	SORIA		KARA AMAIA MARIE M. ALAO	9/13/2024
OCCUPATION	N/A		N/A	N/A
EMPLOYER/BUSINESS NAME	N/A		N/A	N/A
BUSINESS ADDRESS	N/A		N/A	N/A
TELEPHONE NO.	N/A		N/A	N/A
24. FATHER'S SURNAME	MONTAJES		N/A	N/A
FIRST NAME	REYNALDO	NAME EXTENSION (JR., SR) N/A	N/A	N/A
MIDDLE NAME	GALENZOGA		N/A	N/A
25. MOTHER'S MAIDEN NAME			N/A	N/A
SURNAME	ESPERANZA		N/A	N/A
FIRST NAME	ROSENDA		N/A	N/A
MIDDLE NAME	VARRON		(Continue on separate sheet if necessary)	

III. EDUCATIONAL BACKGROUND

26. LEVEL	NAME OF SCHOOL (Write in full)	BASIC EDUCATION/DEGREE/COURSE in full (Write in full)	PERIOD OF ATTENDANCE		HIGHEST LEVEL/ UNITS EARNED (if not)	YEAR GRADUATED	SCHOLARSHIP/ ACADEMIC HONORS RECEIVED
			From	To			
ELEMENTARY	Hipusngo Elementary School	Primary Education	2005	2011	Graduate	2011	N/A
SECONDARY	Baybay National High School	Secondary Education	2011	2015	Graduate	2015	N/A
COLLEGE	Franciscan College of the Immaculate Concepcion	Bachelor in Secondary Education	2016	2021	Graduate	2021	N/A

(Continue on separate sheet if necessary)

SIGNATURE		DATE	April 3, 2025
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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 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 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: 35%;">NAME</th> <th style="width: 35%;">ADDRESS</th> <th style="width: 30%;">TEL. NO.</th> </tr> </thead> <tbody> <tr> <td>Mrs. Andgele Maligro</td> <td>Brgy. Makinhas Baybay City, Leyte</td> <td>0938-004-1078</td> </tr> <tr> <td>Hon. Teresita Pialago</td> <td>Brgy. Cogon Baybay City, Leyte</td> <td>0967-701-0968</td> </tr> <tr> <td>Ms. Dhannalyn T. Villa</td> <td>Brgy. Makinhas Baybay City, Leyte</td> <td>0961-894-4854</td> </tr> </tbody> </table>		NAME	ADDRESS	TEL. NO.	Mrs. Andgele Maligro	Brgy. Makinhas Baybay City, Leyte	0938-004-1078	Hon. Teresita Pialago	Brgy. Cogon Baybay City, Leyte	0967-701-0968	Ms. Dhannalyn T. Villa	Brgy. Makinhas Baybay City, Leyte	0961-894-4854
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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>													

<p>Government Issued ID (e.g. passport, GSIS, SSS, PRC, Driver's License, etc.)</p> <p style="text-align: center;">PLEASE INDICATE ID Number and Date of Issuance</p>	
Government Issued ID: Driver License	
ID/License/Passport No.: H12-20-002234	
Date/Place of Issuance: 03/22/24 / Baybay City, Leyte	

<p style="text-align: center;">Signature (Sign inside the box)</p> <p style="text-align: center;">April 3, 2025</p> <p style="text-align: center;">Date Accomplished</p>
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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

Right Thumbmark

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

Person Administering Oath

