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 t	• •			1. CS ID No.		(Do not fill up	o. For CSC use only)	
I. PERSONAL INFORMATION	N ALAO								
2. SURNAME						NAME EXTENSION (JF	., SR) N/A	A	
FIRST NAME	MARA NAME EXTENSION (JR., SK) N/A								
MIDDLE NAME 3. DATE OF BIRTH	MONTAJES			1					
(mm/dd/yyyy)	3/26/1999	16. CITIZENSHIP		✓ Filipi	no	Dual Citizenship by birth	by natura	alization	
4. PLACE OF BIRTH	BRGY. COGON BAYBAY CITY, LEYTE	If holder of dual citizenship,				Pls. indicate co	ountry:		
5. SEX	☐ Male ✓ Female	please indicate the detail	ls.					•	
6 CIVIL STATUS	☐ Single ☑ Married ☐ Widowed ☐ Separated ☐ Other/s:	17. RESIDENTIAL ADDRESS					Zone 1 Street COGON Barangay		
7. HEIGHT (m)	1.55		BAYBAY				LEYTE		
8. WEIGHT (kg)	58	ZIP CODE	<u> </u>	City/Municipality 6521			Province		
9. BLOOD TYPE	0+	18. PERMANENT ADDRESS		241			Zone 1		
10. GSIS ID NO.	N/A	-		use/Block/Lot N			COGON		
11. PAG-IBIG ID NO.	121298857417	-	Subdivision/Village BAYBAY			Barangay LEYTE Province			
12. PHILHEALTH NO.	13-202738059-3	ZIP CODE		City/Municipality 6521					
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		B. 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		UISA FAITH		3/31/2019		31/2019	
MIDDLE NAME	SORIA		KARA AMAIA MARIE N			I. ALAO 9/13/20		3/2024	
OCCUPATION	N/A		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	NAME EXTENSION (JR., SR) N/A		N/A N/A			N/A		
FIRST NAME	REYNALDO	TWINE EXTENSION (GIV., GIV, 1974)		N/A N/A			N/A		
MIDDLE NAME	GALENZOGA				N/A			N/A	
25. MOTHER'S MAIDEN NAME	FORERANZA				N/A			N/A	
SURNAME	ESPERANZA				N/A			N/A	
FIRST NAME	ROSENDA VARRON		(Continue on separate sheet if necessary)				N/A		
MIDDLE NAME III. EDUCATIONAL BACKGE			_	(1	Jontinue on s	eparate sneet if nece	ssary)		
26. LEVEL	NAME OF SCHOOL (Write in full)	BASIC EDUCATION/DEGREE/6	COURSE (Write	PERIC ATTEN From	DD OF DANCE To	LEVEL/ UNITS EARNED	YEAR GRADUA TED	SCHOLARSHIP/ ACADEMIC HONORS RECEIVED	
ELEMENTARY	Hipusngo Elementary School	Primary Education		2005	2011	Graduate	2011	N/A	
SECONDARY	Baybay National High School	Secondary Educatio	n	2011	2015	Graduate	2015	N/A	
COLLEGE	Franciscan College of the Immaculate Concepcion	Bachelor in Secondary Ed	ucation	2016	2021	Graduate	2021	N/A	
		ontinue on separate sheet if necess	ary)						
SIGNATURE				DA	TE		April 3, 2025		

IV. CIVIL SERVICE ELIGIBILITY									
27. CAREER SERVICE/ RA 1080 (BOARD/ BAR) UNDER RATING SPECIAL LAWS/ CES/ CSEE		DATE OF EXAMINATION /	DI ACE OF EVAMINA	TION / CONFE	DMENIT	LICENSE (if applicable)			
SPECIAL LAWS/ CES/ CSEE BARANGAY ELIGIBILITY / DRIVER'S LICENSE		(If Applicable)	CONFERMENT	PLACE OF EXAMINA	EXAMINATION / CONFERMENT		NUMBER	Date of Validity	
									,
			(Con	tinue on separate sheet	if necessary)				
	EXPERIENCE	ent. Start from your recen	t work) Doscriptio	n of dutios should l	he indicated in the attach	od Work Ex	norioneo shoo	·+	
28. INCLU	JSIVE DATES	POSITION TITLE			CY / OFFICE / COMPANY	eu vvoik exp	SALARY/ JOB/ PAY		SERVICE
	m/dd/yyyy)	not abbrevia	(Write in full/Do		I/Do not abbreviate)	MONTHLY SALARY	GRADE (if applicable)& STEP (Format "00-0")/	STATUS OF APPOINTMENT	
From 5/21/2022	To 02/28/2023	Sales and Marke	•	Prime Megalith Ver	ntures and Development		INCREMENT N/A	Regular	N
6/25/2017	5/24/2019	Waitress/Server/			rporation Inde Restaurant		N/A	Part Time Job	
10/8/2016	05/15/2019	Student Assi		Franciscan Colle	ege of the Immaculate		N/A	Working	N
				Co	nceptiion			Student	
									<u> </u>
									-
									
									-
									-
									
									
rate sheet if necessary)									
	ATURE				DATE		April	3, 2025	

VI. VOLUNTARY WORK OR INVOLVEMENT IN CIVIC / NON-GOVERNMENT / PEOPLE / VOLUNTARY ORGANIZATION/S								
29. NAME & ADDRESS OF ORGANIZATION (Write in full)			(mm/dd/vvvv)	NUMBER OF HOURS		POSITION / NATU	RE OF WORK	
VII. LEARNING AND DEVELOPMENT (L&D)		itinue on separate s ROGRAMS AT						
(Start from the most recent L&D/training program and include	e only the relevant L&D/training taken for the	he last five (5) year		f/Executive/Manage	erial positions)			
30. TITLE OF LEARNING AND DEVELOPMENT INTERVENT		ATTENDANCE	DATES OF	NUMBER OF HOURS	Type of LD (Managerial/	CONDUCTED/ SPONSORED BY (Write in full)		
(Write in f	full)	(mm/d From	d/yyyy) To	-	Supervisory/ Technical/etc)			
Sales Presentation and Pitching Techniques		09/15/2022	09/15/2022	4		Prime Megalith	Ventures and Developme	ent
Customer Service Excellence		09/13/2022	09/13/2022	4		Prime Megalith	Corporation Ventures and Development	ent
						Prime Megalith	Corporation Ventures and Development	ent
Sales Probing, Nego and Closing		11/8/2022	11/8/2022	4			Corporation Ventures and Development	
Customer Complaint Handling		08/03/202022	08/03/202022	4			Corporation Ventures and Development	
Proactive Sales and Marketing		07/22/2022	07/22/2022	4			Corporation	
VIII. OTHER INFORMATION	(Con	tinue on separate s	sheet if necessary)					
31. SPECIAL SKILLS and HOBBIES	32. NON-ACADEMIC DISTINCTIONS / RE	ECOGNITION				MEMBERSHIP IN	ASSOCIATION/ORGANIZATIO	ON Write in
	SZ.		(Write in full)			33.	full)	vviite iii
Computer Literacy		N/A					N/A	
Singing		N/A				N/A		
Dancing			N/A			N/A		
Cooking		N/A				N/A		
Housekeeping		N/A				N/A		
SIGNATURE	(Con	tinue on separate s	sheet if necessary)		ATE	,	April 3, 2025	
						<u> </u>		

Are you related by consanguinity or affinity to the appointing chief of bureau or office or to the person who has immediate Bureau or Department where you will be apppointed, a. within the third degree? b. within the fourth degree (for Local Government Unit - Car	☐ YES ☑ ☐ YES ☑ If YES, give details:						
35. a. Have you ever been found guilty of any administrative off	☐ YES ✓ If YES, give details:	NO					
b. Have you been criminally charged before any court?	☐ YES ☑ If YES, give details: Date Filed: Status of Case/s:] NO					
36. Have you ever been convicted of any crime or violation of all by any court or tribunal?	☐ YES ☑ NO If YES, give details:						
37. Have you ever been separated from the service in any of the retirement, dropped from the rolls, dismissal, termination, er out (abolition) in the public or private sector?	nd of term, finished contract or phased	☐ YES ☑ NO If YES, give details:					
 a. Have you ever been a candidate in a national or local ele Barangay election)? b. Have you resigned from the government service during the election to promote/actively campaign for a national or local 	☐ YES ☑ NO If YES, give details: ☐ YES ☑ NO If YES, give details:						
39. Have you acquired the status of an immigrant or permanent	☐ YES ☑ NO If YES, give details (country):						
 40. Pursuant to: (a) Indigenous People's Act (RA 8371); (b) Mag 7277); and (c) Solo Parents Welfare Act of 2000 (RA 8972), a. Are you a member of any indigenous group? 	☐ YES ✓ NO If YES, please specify:						
b. Are you a person with disability?c. Are you a solo parent?	If YES, please specify ID	✓ NO					
41. REFERENCES (Person not related by consanguinity or affinity to applicant	nt /appointee)						
NAME	ADDRESS	TEL. NO.	ID picture taken within				
Mrs. Andgele Maligro	Brgy. Makinhas Baybay City, Leyte	0938-004-1078	the last 6 months 3.5 cm. X 4.5 cm (passport size)				
Hon. Teresita Pialago	Brgy. Cogon Baybay City, Leyte	0967-701-0968	With full and handwritten name tag and signature over				
Ms. Dhannalyn T. Villa	Brgy. Makinhas Baybay City, Leyte	0961-894-4854	printed name				
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.							
PLEASE INDICATE ID Number and Date of Issuance Government Issued ID: Driver License							
ID/License/Passport No.: H12-20-002234	pox)						
Date/Place of Issuance: 03/22/24 / Baybay City, Leyte		Right Thumbmark					
SUBSCRIBED AND SWORN to before me this	, affiant exhib		overnment ID as indicated above.				
	J						