

# 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	ALGO		
FIRST NAME	EMERSON		NAME EXTENSION (JR., SR) N.A
MIDDLE NAME	N.A		
3. DATE OF BIRTH (mm/dd/yyyy)	1/30/1997	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		If holder of dual citizenship, please indicate the details.	
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"/> Separated <input type="checkbox"/> Other/s:	17. RESIDENTIAL ADDRESS	4 3 House/Block/Lot No. Street MERCYVILLE 99, DIIT Subdivision/Village Barangay TACLOBAN CITY LEYTE City/Municipality Province ZIP CODE 6500
7. HEIGHT (m)	1.75	18. PERMANENT ADDRESS	4 3 House/Block/Lot No. Street MERCYVILLE 99, DIIT Subdivision/Village Barangay TACLOBAN LEYTE City/Municipality Province ZIP CODE 6500
8. WEIGHT (kg)	70		
9. BLOOD TYPE	O		
10. GSIS ID NO.	N.A		
11. PAG-IBIG ID NO.	121213525662		
12. PHILHEALTH NO.	13-025488517-8		
13. SSS NO.	064-05-0685	19. TELEPHONE NO.	N.A
14. TIN NO.	342-460-251-00000	20. MOBILE NO.	09677259065
15. AGENCY EMPLOYEE NO.	185199	21. E-MAIL ADDRESS (if any)	emersonalgo30@gmail.com

## II. FAMILY BACKGROUND

22. SPOUSE'S SURNAME	N.A		23. NAME OF CHILDREN (Write full name and list all)	DATE OF BIRTH (mm/dd/yyyy)
FIRST NAME	N.A	NAME EXTENSION (JR., SR)	N.A	N.A
MIDDLE NAME	N.A			
OCCUPATION	N.A			
EMPLOYER/BUSINESS NAME	N.A			
BUSINESS ADDRESS	N.A			
TELEPHONE NO.	N.A			
24. FATHER'S SURNAME	DECEASED			
FIRST NAME		NAME EXTENSION (JR., SR)		
MIDDLE NAME				
25. MOTHER'S MAIDEN NAME				
SURNAME	ALGO			
FIRST NAME	ELMA			
MIDDLE NAME	PAGHUBASAN		(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	SAGKAHAN ELEMENTARY SCHOOL					2009	WITH HONOR
SECONDARY	SAGKAHAN NATIONAL HIGH SCHOOL					2013	WITH HONOR
VOCATIONAL /	RTC TESDA REGION 8	TRAINERS METHODOLOGY				2022	
COLLEGE	EASTERN VISAYAS STATE UNIVERSITY	BACHELOR OF SCIENCE IN INDUSTRIAL EDUCATION MAJOR IN DRAFTING TECHNOLOGY				2017	
GRADUATE STUDIES	EASTERN VISAYAS STATE UNIVERSITY	MASTER OF ARTS IN EDUCATION MAJOR IN INDUSTRIAL EDUCATION	9/24/2022	PRESENT	36		

(Continue on separate sheet if necessary)

SIGNATURE		DATE	December 18, 2024
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[illegible]


## V. WORK EXPERIENCE



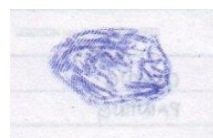
*(Include private employment. Start from your recent work) Description of duties should be indicated in the attached Work Experience sheet.*

[illegible]

*(Continue on separate sheet if necessary)*

SIGNATURE		DATE		December 18, 2024
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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			
N.A	N.A	N.A	N.A	N.A	
(Continue on separate sheet if necessary)					
VII. LEARNING AND DEVELOPMENT (L&D) INTERVENTIONS/TRAINING PROGRAMS ATTENDED					
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			
WEBINAR ON TIME MANAGEMENT	9/22/2022	9/22/2022			EASTERN VISAYAS STATE UNIVERSITY
WEBINAR ON MENTAL HEALTH AWARENESS	10/15/2022	10/15/2022			EASTERN VISAYAS STATE UNIVERSITY
ORIENTATION ON NATIONAL TASK FORCE 70	4/28/2023	4/28/2023			PHILIPPINE SCIENCE HIGH SCHOOL
BASIC CUSTOMER SERVICE SKILLS	7/1/2022	7/2/2022			CIVIL SERVICE REGION 8
TRAINERS METHODOLOGY	6/15/2022	8/5/2022			RTC TESDA REGION 8
WEBINAR ON WRITING PUBLISHABLE RESEARCH ARTICLE	4/16/2023	4/16/2023			EASTERN VISAYAS STATE UNIVERSITY/ CEBU NORMAL UNIVERSITY
WEBINAR ON SUICIDE PREVENTION AWARENESS	9/16/2022	9/16/2022			EASTERN VISAYAS STATE UNIVERSITY
FUTURES THINKING AND STRATEGIC FORESIGHT WEBINAR	4/14/2024	4/14/2024			EASTERN VISAYAS STATE UNIVERSITY
FAB TEACH HARNESSING INNOVATION THROUGH DIGITAL FABRICATION	11/3/2024	11/4/2024			PHILIPPINE SCIENCE HIGH SCHOOL
SEMINAR ON DATA PRIVACY ACT & CYBER ETIQUETTE	9/21/2024	9/21/2024			PHILIPPINE SCIENCE HIGH SCHOOL
(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)		
DRAWING	NUTRITION MONTH POSTER MAKING (2016)		STUDENT TEACHERS FEDERATION		
PAINTING					
COMPUTER SKILLS (MICROSOFT OFFICE)					
(Continue on separate sheet if necessary)					
SIGNATURE				DATE	December 18, 2024

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)?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES <input checked="" type="checkbox"/> 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?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If YES, give details: _____  <input type="checkbox"/> YES <input checked="" type="checkbox"/> 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?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> 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?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> 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?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If YES, give details: _____  <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? b. Are you a person with disability? c. Are you a solo parent?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If YES, please specify: _____ <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If YES, please specify ID No: _____ <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)		
NAME	ADDRESS	TEL. NO.
EMILY VILLENA	TACLOBAN CITY	9295832033
DENNIS A. JUABOT	TACLOBAN CITY	9171362898
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: <b>Phil Health</b> ID/License/Passport No.: <b>13-025488517-8</b> Date/Place of Issuance: <b>TACLOBAN CITY</b>	<div style="text-align: center;">           Signature (Sign inside the box)          December 18, 2024          Date Accomplished       </div>	<div style="text-align: center;">           PHOTO       </div> <div style="text-align: center; margin-top: 20px;">           Right Thumbmark       </div>
SUBSCRIBED AND SWORN to before me this _____, affiant exhibiting his/her validly issued government ID as indicated above.		
<div style="border: 1px solid black; width: 300px; height: 50px; margin: 0 auto;"></div> <div style="border: 1px solid black; width: 300px; height: 30px; margin: 0 auto; text-align: center;">         Person Administering Oath       </div>		