

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.**

CS ID No.

(Do not fill up. For CSF, use only)

I. PERSONAL INFORMATION

2. SURNAME	OGALE		
FIRST NAME	ALJON		
MIDDLE NAME	ACEDILLO		
3. DATE OF BIRTH (mm/dd/yyyy)	02/22/1996	16. CITIZENSHIP	<input checked="" type="checkbox"/> Filipino <input type="checkbox"/> Dual Citizenship <input type="checkbox"/> by birth <input type="checkbox"/> by naturalization Pla. indicate country.
4. PLACE OF BIRTH	LAWAAN, EASTERN SAMAR	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	BEIRI EXTENSION Street 08 POBLACION Barangay LAWAAAN City/Municipality 6813 Province
7. HEIGHT (in)	1.57	18. PERMANENT ADDRESS	BEIRI EXTENSION Street 08 POBLACION Barangay LAWAAAN City/Municipality 6813 Province
8. WEIGHT (kg)	62		BEIRI EXTENSION Street 08 POBLACION Barangay LAWAAAN City/Municipality 6813 Province
9. BLOOD TYPE	O+		BEIRI EXTENSION Street 08 POBLACION Barangay LAWAAAN City/Municipality 6813 Province
10. CSIS ID NO.	N/A		BEIRI EXTENSION Street 08 POBLACION Barangay LAWAAAN City/Municipality 6813 Province
11. PAG-IBIG ID NO.	121242184960	19. TELEPHONE NO.	N/A
12. PHILHEALTH NO.	130255230167	20. MOBILE NO.	09451250277/09513607739
13. SSS NO.	0641614839	21. E-MAIL ADDRESS (if any)	aljunogale@gmail.com
14. TIN NO.	761-647-387		
15. AGENCY EMPLOYEE NO.	1190595		

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				
MIDDLE NAME				
OCCUPATION				
EMPLOYER/BUSINESS NAME				
BUSINESS ADDRESS				
TELEPHONE NO.				
24. FATHER'S SURNAME	OGALE			
FIRST NAME	CRISTOBAL			
MIDDLE NAME	DELADIA			
25. MOTHER'S MAIDEN NAME	ACEDILLO			
SURNAME	OGALE			
FIRST NAME	ALDA			
MIDDLE NAME	ACEDILLO			

(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	SAN ROQUE ELEMENTARY SCHOOL	ELEMENTARY	6/5/2004	3/10/2010	GRADUATE	2010	VALEDICTORIAN
SECONDARY	LAWAAN NATIONAL SCHOOL OF CRAFTSMANSHIP AND HOME INDUSTRIES	HIGHSCHOOL	6/5/2010	4/10/2014	GRADUATE	2014	WITH HONORS
VOCATIONAL / TRADE COURSE	N/A						
COLLEGE	EASTERN SAMAR STATE UNIVERSITY	BACHELOR OF SCIENCE IN AGRIBUSINESS MANAGEMENT	6/2/2014	6/5/2018	GRADUATE	2018	ACADEMIC EXCELLENCE/BEST IN RESEARCH/LOYALTY Awardee
GRADUATE STUDIES	N/A						

(Continue on separate sheet if necessary)

SIGNATURE		DATE	October 8, 2020
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[illegible]

V. WORK EXPERIENCE

[illegible]

(Continue on separate sheet if necessary)			
SIGNATURE		DATE	OCTOBER 8, 2020

VI VOLUNTARY WORK OR INVOLVEMENT IN CIVIC, NON-GOVERNMENT, PEOPLE VOLUNTARY ORGANIZATIONS

[illegible]

(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.

[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)
RESEARCH	EMPLOYEE OF THE YEAR - ISLAND OF SAMAR AND LEYTE AGRICULTURE COOPERATIVE (2018-2019)	ASEAN QUALITATIVE RESEARCH ASSOCIATION (AQRA)
FINANCIAL MANAGEMENT		
AGRICULTURAL EXTENSION		

(Continue on separate sheet if necessary)

SIGNATURE		DATE	OCTOBER 8, 2020
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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>Date Filed: _____</p> <p>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: 33%;">NAME</th> <th style="width: 33%;">ADDRESS</th> <th style="width: 33%;">TEL. NO.</th> </tr> </thead> <tbody> <tr> <td>MR. ULDARICO D. GAPUL</td> <td>LAWAAN, EASTERN SAMAR</td> <td>9278156609</td> </tr> <tr> <td>MR. ROVINSON D. GAGANAO</td> <td>BALANGIGA, EASTERN SAMAR</td> <td>9085463135</td> </tr> <tr> <td>MS. SHERYL E. BAGRAO</td> <td>GUIUAN], EASTERN SAMAR</td> <td>9751543152</td> </tr> </tbody> </table>		NAME	ADDRESS	TEL. NO.	MR. ULDARICO D. GAPUL	LAWAAN, EASTERN SAMAR	9278156609	MR. ROVINSON D. GAGANAO	BALANGIGA, EASTERN SAMAR	9085463135	MS. SHERYL E. BAGRAO	GUIUAN], EASTERN SAMAR	9751543152
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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>													
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<div style="text-align: center;">  Right Thumbmark </div>													
<p>SUBSCRIBED AND SWORN to before me this _____, affiant exhibiting his/her validly issued government ID as indicated above.</p> <div style="border: 1px solid black; width: 200px; height: 40px; margin: 10px auto; text-align: center;"> Person Administering Oath </div>													