

# 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	GANTALA		
FIRST NAME	NOVELLIE	NAME EXTENSION (JR., SR)	
MIDDLE NAME	LAMO		
3. DATE OF BIRTH (mm/dd/yyyy)	11/11/1989	16. CITIZENSHIP	<input checked="" type="checkbox"/> Filipino <input type="checkbox"/> Dual Citizenship <input type="checkbox"/> by birth <input type="checkbox"/> by naturalization Pls. indicate country:
4. PLACE OF BIRTH	SOGOD, SOUTHERN 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 checked="" type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Separated <input type="checkbox"/> Other/s:		
7. HEIGHT (m)		17. RESIDENTIAL ADDRESS	House/Block/Lot No. Street SAN ROQUE Subdivision/Village Barangay HILONGOS LEYTE City/Municipality Province 6524
8. WEIGHT (kg)	51	ZIP CODE	6524
9. BLOOD TYPE	B	18. PERMANENT ADDRESS	House/Block/Lot No. Street SAN ROQUE Subdivision/Village Barangay HILONGOS LEYTE City/Municipality Province 6524
10. GSIS ID NO.		ZIP CODE	6524
11. PAG-IBIG ID NO.	121268614823	19. TELEPHONE NO.	
12. PHILHEALTH NO.		20. MOBILE NO.	0916 622 7193/ 0942 791 3307
13. SSS NO.		21. E-MAIL ADDRESS (if any)	lovegantala@gmail.com
14. TIN NO.			
15. AGENCY EMPLOYEE NO.			

## II. FAMILY BACKGROUND


22. SPOUSE'S SURNAME			23. NAME OF CHILDREN (Write full name and list all)	DATE OF BIRTH (mm/dd/yyyy)
FIRST NAME		NAME EXTENSION (JR., SR)	JUNNEL NOE G. CABARDO	11/30/2010
MIDDLE NAME				
OCCUPATION				
EMPLOYER/BUSINESS NAME				
BUSINESS ADDRESS				
TELEPHONE NO.				
24. FATHER'S SURNAME	GANTALA			
FIRST NAME	SOLOMON	NAME EXTENSION (JR., SR)		
MIDDLE NAME	LOLO			
25. MOTHER'S MAIDEN NAME	LAMO			
SURNAME	GANTALA			
FIRST NAME	VICTORIA			
MIDDLE NAME	CENIZA			

(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	HILONGOS SOUTH CENTRAL SCHOOL	ELEMENTARY GRADUATE	01/06/1996	01/03/2002		2002	
SECONDARY	HILONGOS NATIONAL VOCATIONAL SCHOOL	SECONDARY GRADUATE	01/06/2002	01/03/2006		2006	
VOCATIONAL / TRADE COURSE							
COLLEGE	VISAYAS STATE UNIVERSITY	BACHELOR OF SCIENCE IN CIVIL ENGINEERING	01/06/2013	01/06/2019		2019	
GRADUATE STUDIES							

(Continue on separate sheet if necessary)

SIGNATURE		DATE	07/16/2021
-----------	---	------	------------

#### IV. CIVIL SERVICE ELIGIBILITY

[illegible]

**(Continue on separate sheet if necessary)**


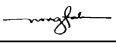

## V. WORK EXPERIENCE

[illegible]

*(Continue on separate sheet if necessary)*

<b>SIGNATURE</b>		<b>DATE</b>	07/16/2021
------------------	---	-------------	------------

[illegible]

34.	Are you related by consanguinity or affinity to the chief of bureau or office or to the person who has Bureau or Department where you will be appointed,  a. within the third degree?   b. within the fourth degree (for Local Government Unit -	<div style="display: flex; justify-content: space-between;"> <input type="checkbox"/> YES           <input checked="" type="checkbox"/> NO         </div> <div style="display: flex; justify-content: space-between;"> <input type="checkbox"/> YES           <input checked="" type="checkbox"/> NO         </div> <p>If YES, give details: _____</p>	
35.	a. Have you ever been found guilty of any administrative offense?   b. Have you been criminally charged before any court?	<div style="display: flex; justify-content: space-between;"> <input type="checkbox"/> YES           <input checked="" type="checkbox"/> NO         </div> <p>If YES, give details: _____</p> <hr/> <div style="display: flex; justify-content: space-between;"> <input type="checkbox"/> YES           <input checked="" type="checkbox"/> NO         </div> <p>If YES, give details: _____</p> <div style="display: flex; justify-content: space-between;"> <div>Date Filed: _____</div> <div>Status of Case/s: _____</div> </div>	
36.	Have you ever been convicted of any crime or violation of any law, decree, ordinance or regulation by any court or tribunal?	<div style="display: flex; justify-content: space-between;"> <input type="checkbox"/> YES           <input checked="" type="checkbox"/> NO         </div> <p>If YES, give details: _____</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	<div style="display: flex; justify-content: space-between;"> <input type="checkbox"/> YES           <input checked="" type="checkbox"/> NO         </div> <p>If YES, give details: _____</p>	
38.	a. Have you ever been a candidate in a national or local election held within the last year (except  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	<div style="display: flex; justify-content: space-between;"> <input type="checkbox"/> YES           <input checked="" type="checkbox"/> NO         </div> <p>If YES, give details: _____</p> <div style="display: flex; justify-content: space-between;"> <input type="checkbox"/> YES           <input checked="" type="checkbox"/> NO         </div> <p>If YES, give details: _____</p>	
39.	Have you acquired the status of an immigrant or permanent resident of another country?	<div style="display: flex; justify-content: space-between;"> <input type="checkbox"/> YES           <input checked="" type="checkbox"/> NO         </div> <p>If YES, give details (country): _____</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 a. Are you a member of any indigenous group? b. Are you a person with disability? c. Are you a solo parent?	<div style="display: flex; justify-content: space-between;"> <input type="checkbox"/> YES           <input checked="" type="checkbox"/> NO         </div> <p>If YES, please specify: _____</p> <div style="display: flex; justify-content: space-between;"> <input type="checkbox"/> YES           <input checked="" type="checkbox"/> NO         </div> <p>If YES, please specify ID No: _____</p> <div style="display: flex; justify-content: space-between;"> <input type="checkbox"/> YES           <input checked="" type="checkbox"/> NO         </div> <p>If YES, please specify ID No: _____</p>	
41. REFERENCES (Person not related by consanguinity or affinity to applicant /appointee)		 <b>NOVELLIE L. GANTALA</b> <small>PHOTO</small>	
NAME	ADDRESS		TEL. NO.
ENGR. ANIANO B. BACOR III	INOPA CAN, LEYTE		
ENGR. EPIFANIA G. LORETO	BAYBA Y CITY, LEYTE		
REYMAR ORIA	VILLAB A, LEYTE	0917 3198 870	
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			
<div style="border: 1px solid black; padding: 5px;"> <b>Government Issued ID</b> (i.e. Passport, GSIS, SSS, PRC, Driver's License, etc.)          Government Issued ID: <b>VIN: 3719-0155A-K1189NLG20000</b>          ID/License/Passport No.: _____          Date/Place of Issuance: <b>HILONGOS, LEYTE</b> </div>		<div style="border: 1px solid black; padding: 5px;"> <div style="text-align: center;">             Signature (Sign inside the box)            07/16/2021            Date Accomplished         </div> </div>	<div style="border: 1px solid black; padding: 5px;">             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; padding: 5px; width: fit-content; margin: 0 auto;">           Person Administering Oath         </div>			