

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	PALLER		
FIRST NAME	ARA LOU V.		NAME EXTENSION (JR., SR)
MIDDLE NAME	VINGNO		
3. DATE OF BIRTH (mm/dd/yyyy)	JUNE 30, 1990	16. CITIZENSHIP	<input checked="" type="checkbox"/> Filipino <input type="checkbox"/> Dual Citizenship
4. PLACE OF BIRTH	ORMOC CITY	If holder of dual citizenship, please indicate the details.	<input type="checkbox"/> by birth <input type="checkbox"/> by naturalization
5. SEX	<input type="checkbox"/> Male <input checked="" type="checkbox"/> Female		Pls. indicate country:
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	HICGOP
7. HEIGHT (m)	1.61m	ZIP CODE	House/Block/Lot No. Street
8. WEIGHT (kg)	55kg		CARIDAD
9. BLOOD TYPE	o+		Subdivision/Village Barangay
10. GSIS ID NO.	NA		BAYBAY LEYTE
11. PAG-IBIG ID NO.	121230123609		City/Municipality Province
12. PHILHEALTH NO.	13-025509627-4	18. PERMANENT ADDRESS	HICGOP
13. SSS NO.		ZIP CODE	House/Block/Lot No. Street
14. TIN NO.	349-792-532		CARIDAD
15. AGENCY EMPLOYEE NO.			Subdivision/Village Barangay
			BAYBAY CITY
			City/Municipality Province
19. TELEPHONE NO.		6521	
20. MOBILE NO.		09366400389	
21. E-MAIL ADDRESS (if any)			aralouvingnopaller@gmail.com

II. FAMILY BACKGROUND

22. SPOUSE'S SURNAME	NA		23. NAME of CHILDREN (Write full name and list all)	DATE OF BIRTH (mm/dd/yyyy)
FIRST NAME	NA	NAME EXTENSION (JR., SR)		
MIDDLE NAME	NA			
OCCUPATION	NA			
EMPLOYER/BUSINESS NAME	NA			
BUSINESS ADDRESS	NA			
TELEPHONE NO.	NA			
24. FATHER'S SURNAME	PALLER			
FIRST NAME	ARCADIO	JR.		
MIDDLE NAME	PEPITO			
25. MOTHER'S MAIDEN NAME				
SURNAME	VINGNO			
FIRST NAME	LOURDES			
MIDDLE NAME	APELLIDO		(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	CARIDAD ELEMENTARY SCHOOL		06/05/2005	03/25/2010		2009	1st honorable
SECONDARY	CARIDAD NATIONAL HIGH SCHOOL		06/04/2010	03/27/2014		2014	SALUTATORIAN
VOCATIONAL / TRADE COURSE	MIC-P ON ICT BAYBAY	SOFTWARE DEVELOPMENT					
COLLEGE	VISAYAS STATE UNIVERSITY	BACHELOR OF SECONDARY EDUCATION MAJOR IN MATHEMATICS	06/05/2014	06/16/2018		2018	
GRADUATE STUDIES							

(Continue on separate sheet if necessary)			
SIGNATURE		DATE	07/20/2021

[illegible]

(Continue on separate sheet if necessary)

(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)*

<b>SIGNATURE</b>		<b>DATE</b>	07/20/2021	
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## VI. VOLUNTARY WORK OR INVOLVEMENT IN CIVIC / NON-GOVERNMENT / PEOPLE / VOLUNTARY ORGANIZATION/S

[illegible]

(Continue on separate sheet if necessary)

## VII. LEARNING AND DEVELOPMENT (L&D) INTERVENTIONS/TRAINING PROGRAMS ATTENDED

[illegible]

(Continue on separate sheet if necessary)




#### VIII. OTHER INFORMATION

[illegible]

(Continue on separate sheet if necessary)

SIGNATURE		DATE	03/30/2021
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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: 33%;">NAME</th> <th style="width: 33%;">ADDRESS</th> <th style="width: 33%;">TEL. NO.</th> </tr> </thead> <tbody> <tr> <td>Antonio P. Abamo</td> <td>Department of Business and Management</td> <td>09209835693</td> </tr> <tr> <td>Bert Penalosa</td> <td>Department of Business and Management</td> <td>09266481984</td> </tr> <tr> <td>Nilda Amistoso</td> <td>Department of Business and Management</td> <td></td> </tr> </tbody> </table>		NAME	ADDRESS	TEL. NO.	Antonio P. Abamo	Department of Business and Management	09209835693	Bert Penalosa	Department of Business and Management	09266481984	Nilda Amistoso	Department of Business and Management			
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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>															
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="2">Government Issued ID (i.e. Passport, GSIS, SSS, PRC, Driver's License, etc.)</td> </tr> <tr> <td colspan="2">PLEASE INDICATE ID Number and Date of Issuance</td> </tr> <tr> <td>Government Issued ID:</td> <td>Philhealth</td> </tr> <tr> <td>ID/License/Passport No.:</td> <td>130255096274</td> </tr> <tr> <td>Date/Place of Issuance:</td> <td>Baybay City</td> </tr> </table>	Government Issued ID (i.e. Passport, GSIS, SSS, PRC, Driver's License, etc.)		PLEASE INDICATE ID Number and Date of Issuance		Government Issued ID:	Philhealth	ID/License/Passport No.:	130255096274	Date/Place of Issuance:	Baybay City	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="text-align: center; height: 80px;">  </td> </tr> <tr> <td style="text-align: center;">Signature (Sign inside the box)</td> </tr> <tr> <td style="text-align: center;">07/20/2021</td> </tr> <tr> <td style="text-align: center;">Date Accomplished</td> </tr> </table>		Signature (Sign inside the box)	07/20/2021	Date Accomplished
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<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: 300px; height: 60px; margin: 10px auto;"></div> <p style="text-align: center;">Person Administering Oath</p>															



PHOTO

