

PERSONAL DATA SHEET

WARNING: Any misinterpretation 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	VENCER			
FIRST NAME	BABELYN	NAME EXTENSION (JR., SR)		
MIDDLE NAME	GALANG			
3. DATE OF BIRTH (mm/dd/yyyy)	11/20/1984	16. CITIZENSHIP	<input checked="" type="checkbox"/> Filipino <input type="checkbox"/> Dual Citizenship	
4. PLACE OF BIRTH	LAGUNDI, MEXICO, PAMPANGA	If holder of dual citizenship, please indicate the details.	<input type="checkbox"/> by birth <input type="checkbox"/> by naturalization Pls. indicate country:	
5. SEX	<input type="checkbox"/> Male <input checked="" type="checkbox"/> Female			
6 CIVIL STATUS	<input type="checkbox"/> Single <input checked="" type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Separated <input type="checkbox"/> Other/s:	17. RESIDENTIAL ADDRESS	ZONE 2	
7. HEIGHT (m)	1.5M	ZIP CODE	House/Block/Lot No. Street	
8. WEIGHT (kg)	60 kg		HIGHWAY	
9. BLOOD TYPE	A+		Subdivision/Village Barangay	
10. GSIS ID NO.	2001634802		DULAG LEYTE	
11. PAG-IBIG ID NO.	1700-0010-6253	ZIP CODE	City/Municipality Province	
12. PHILHEALTH NO.	13-000059151-4		1601	
13. SSS NO.	06-304-3539-1		18. PERMANENT ADDRESS	ZONE 2
14. TIN NO.	930-071-615		House/Block/Lot No. Street	
15. AGENCY EMPLOYEE NO.		19. TELEPHONE NO.	NONE	
		20. MOBILE NO.	09072281215	
		21. E-MAIL ADDRESS (if any)	bjlgalang@gmail.com	


II. FAMILY BACKGROUND

22. SPOUSE'S SURNAME	VENCER		23. NAME of CHILDREN (Write full name and list all)	DATE OF BIRTH (mm/dd/yyyy)
FIRST NAME	RANKIN	NAME EXTENSION (JR., SR)	KEN SEBASTIAN GALANG VENCER	05 31 2014
MIDDLE NAME	DE PAZ		NOTHING FOLLOWS	
OCCUPATION	GOVERNMENT EMPLOYEE			
EMPLOYER/BUSINESS NAME	N/A			
BUSINESS ADDRESS	N/A			
TELEPHONE NO.	N/A			
24. FATHER'S SURNAME	GALANG (deceased)			
FIRST NAME	BENJAMIN	NAME EXTENSION (JR., SR)		
MIDDLE NAME	MANALASTAS			
25. MOTHER'S MAIDEN NAME	DAISOG			
SURNAME	DAISOG			
FIRST NAME	LOLITA			
MIDDLE NAME	ABENOJAR		(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)	YEAR GRADUATED	SCHOLARSHIP/ ACADEMIC HONORS RECEIVED
			From	To			
ELEMENTARY	DULAG SPED CENTER	ELEMENTARY	1991	1997	GRADUATED	1997	HONORS
SECONDARY	PHILIPPINE SCIENCE HIGH SCHOOL- EASTERN VISAYAS CAMPUS	SECONDARY	1997	2001	GRADUATED	2001	DOST
VOCATIONAL / TRADE COURSE	ASIAN INSTITUTE OF MANAGEMENT	DEVELOPMENT MANAGEMENT & LEADERSHIP COURSE FOR YOUNG LEGISLATORS	2006	2006	GRADUATED	2006	N/A
COLLEGE	AMA COMPUTER UNIVERSITY	BACHELOR OF SCIENCE IN COMPUTER ENGINEERING	2001	2005	GRADUATED	2005	CUM LAUDE
	SAINT PAULS SCHOOL OF PROFESSIONALS	BACHELOR OF SCIENCE IN ACCOUNTANCY	2005	2005	1ST YEAR		
GRADUATE STUDIES	SOUTHWESTERN UNIVERSITY	MBA MAJOR IN HUMAN RESOURCE & ORGANIZATIONAL MANAGEMENT	2009	2010	GRADUATED	2010	N/A

(Continue on separate sheet if necessary)			
SIGNATURE		DATE	06 January 2023

IV. CIVIL SERVICE ELIGIBILITY							
27. CAREER SERVICE/ RA 1080 (BOARD/ BAR) UNDER SPECIAL LAWS/ CES/ CSEE BARANGAY ELIGIBILITY / DRIVER'S LICENSE		RATING (If Applicable)	DATE OF EXAMINATION / CONFERMENT	PLACE OF EXAMINATION / CONFERMENT	LICENSE (if applicable)		
					NUMBER	Date of Validity	
PROFESSIONAL - CIVIL SERVICE ELIGIBILITY FOR HONOR GRADUATE		PD 907	05/10/2005	PALO, LEYTE	10080320	10 05 2005	
BASIC COMPETENCY ON LOCAL TREASURY EXAMINATION (BCLTE)		81.89%	06/24/2018	TACLOBAN CITY	328735		
(Continue on separate sheet if necessary)							
V. WORK EXPERIENCE							
(Include private employment. Start from your recent work) Description of duties should be indicated in the attached Work Experience sheet.							
28. INCLUSIVE DATES (mm/dd/yyyy)		POSITION TITLE (Write in full/Do not abbreviate)	DEPARTMENT / AGENCY / OFFICE / COMPANY (Write in full/Do not abbreviate)	MONTHLY SALARY	SALARY/ JOB/ PAY GRADE (if applicable)& STEP (Format "00-0")/ INCREMENT	STATUS OF APPOINTMENT	GOV'T SERVICE (Y/ N)
From	To						
01/07/2022	12/31/2022	TRAINING SPECIALIST II	PROJECT MANAGEMENT OFFICE - OFFICE OF TRANSPORTATION COOPERATIVES	35,097.00	15	CONTRACTUAL	YES
01/01/2022	06/30/2022	INFORMATION OFFICER II	PROJECT MANAGEMENT OFFICE - OFFICE OF TRANSPORTATION COOPERATIVES	35,097.00	15	CONTRACTUAL	YES
11/16/2021	12/31/2021	INFORMATION OFFICER II	PROJECT MANAGEMENT OFFICE - OFFICE OF TRANSPORTATION COOPERATIVES	33,575.00	15	CONTRACTUAL	YES
01/01/2021	04/01/2021	EXECUTIVE ASSISTANT II/GSO Designate	MAYOR'S OFFICE,GENERAL SERVICES OFFICE/LOCAL GOVERNMENT UNIT OF DULAG,	30,771.00	17-1	CO-TERMINUS	YES
01/01/2020	12/31/2020	EXECUTIVE ASSISTANT II	MAYOR'S OFFICE/LOCAL GOVERNMENT UNIT OF DULAG, LEYTE	29,554.00	17-1	CO-TERMINUS	YES
09/02/2019	12/31/2019	EXECUTIVE ASSISTANT II	MAYOR'S OFFICE/LOCAL GOVERNMENT UNIT OF DULAG, LEYTE	27,825.00	17-1	CO-TERMINUS	YES
07/01/2019	09/01/2019	EXECUTIVE ASSISTANT I/SUPPLY OFFICER I DESIGNATE	MAYOR'S OFFICE,GENERAL SERVICES OFFICE/LOCAL GOVERNMENT UNIT OF DULAG,	21,445.00	14-2	CO-TERMINUS	YES
01/01/2019	06/30/2019	EXECUTIVE ASSISTANT I/SUPPLY OFFICER I DESIGNATE	MAYOR'S OFFICE,GENERAL SERVICES OFFICE/LOCAL GOVERNMENT UNIT OF DULAG,	21,195.00	14-1	CO-TERMINUS	YES
01/01/2018	12/31/2018	EXECUTIVE ASSISTANT/GENERAL SERVICES OFFICER-DESIGNATE	MAYOR'S OFFICE,GENERAL SERVICES OFFICE/LOCAL GOVERNMENT UNIT OF DULAG,	20,232.00	14-1	CO-TERMINUS	YES
01/01/2017	12/31/2017	EXECUTIVE ASSISTANT/GENERAL SERVICES OFFICER-DESIGNATE	MAYOR'S OFFICE,GENERAL SERVICES OFFICE/LOCAL GOVERNMENT UNIT OF DULAG,	19,333.50	14-1	CO-TERMINUS	YES
07/01/2016	12/31/2016	EXECUTIVE ASSISTANT/GENERAL SERVICES OFFICER-DESIGNATE	MAYOR'S OFFICE,GENERAL SERVICES OFFICE/LOCAL GOVERNMENT UNIT OF DULAG,	18,435.00	14-1	CO-TERMINUS	YES
05/01/2013	06/17/2016	BRANCH HEAD & HUMAN RESOURCE HEAD	DULAG BRANCH/RURAL BANK OF DULAG (LEYTE), INC.	28,650.00	N/A	PERMANENT	NO
01/09/2012	06/17/2016	BOARD SECRETARY/ BOOKKEEPING/ DISBURSING	CENTRAL LEYTE (DULAG) WATER DISTRICT	N/A	N/A	TEMPORARY	YES
09/22/2010	04/30/2013	HUMAN RESOURCE HEAD	DULAG BRANCH/RURAL BANK OF DULAG (LEYTE), INC.	10,000.00	N/A	PERMANENT	NO
07/01/2008	06/30/2010	EXECUTIVE ASSISTANT	MAYOR'S OFFICE/LOCAL GOVERNMENT UNIT OF DULAG, LEYTE	12,904.00	14-1	CO-TERMINUS	YES
02/11/2008	06/30/2008	EXECUTIVE ASSISTANT	MAYOR'S OFFICE/LOCAL GOVERNMENT UNIT OF DULAG, LEYTE	11,731.00	14-1	CO-TERMINUS	YES
01/01/2008	02/10/2008	CLERK I	MAYOR'S OFFICE/LOCAL GOVERNMENT UNIT OF DULAG, LEYTE	216.00/DAY	N/A	CONTRACTUAL	YES
12/01/2007	12/31/2007	INTERIM BOARD OF DIRECTOR	CENTRAL LEYTE (DULAG) WATER DISTRICT	N/A	N/A	TEMPORARY	YES
09/01/2002	11/30/2007	SECRETARY	SK PROVINCIAL FEDERATION LEYTE	N/A	N/A	ELECTIVE	YES
01/01/2007	11/30/2007	PRESIDENT	SK MUNICIPAL FEDERATION DULAG/LOCAL GOVERNMENT UNIT OF DULAG, LEYTE	19,468.83	24-1	ELECTIVE	YES
01/01/2006	12/31/2006	PRESIDENT	SK MUNICIPAL FEDERATION DULAG/LOCAL GOVERNMENT UNIT OF DULAG, LEYTE	17,699.00	24-1	ELECTIVE	YES
01/01/2005	12/31/2005	PRESIDENT	SK MUNICIPAL FEDERATION DULAG/LOCAL GOVERNMENT UNIT OF DULAG, LEYTE	17,178.50	24-1	ELECTIVE	YES
08/19/2002	12/31/2004	PRESIDENT	SANGGUNIANG KABATAAN MUNICIPAL FEDERATION DULAG/LOCAL GOVERNMENT	16,658.00	24-1	ELECTIVE	YES
08/01/2002	11/30/2007	CHAIRMAN	SANGGUNIANG KABATAAN	600.00	N/A	ELECTIVE	YES
(Continue on separate sheet if necessary)							
SIGNATURE				DATE	06 January 2023		

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

(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)

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 Bookkeeping Made Easy	11/28/2022	11/28/2022	3	Technical	Department of Trade and Industry-Cavite and Negosyo Center General Emilio
	Webinar on The Growth Mindset	11/25/2022	11/25/2022	2	Technical	POFAcademy
	Webinar on Successful Business Branding	11/22/2022	11/22/2022	3	Technical	Department of Trade and Industry-Cavite and Negosyo Center General Emilio
	Webinar Series onPublic Workforce Futureproofing: Elevating Productivity in the New Normal (Re-run)	11/03/2022	11/04/2022	2		Center for Governance, Development Academy of the Philippines
	Basic Occupational Safety and Health Training for the Public Sector	10/17/2022	10/21/2022	40	Technical	Occupational Safety and Health Center, Department of Labor and Employment
	Mid-Year Assessment and Harmonization of PUVMP Work Program Workshop	08/03/2022	08/05/2022	24	Technical	PUVMP-Project Management Office, Office of Transportation Cooperatives
	Traing of Trainers and Onboarding Program for Newly Hired PMO Personnel	07/27/2022	07/29/2022	24	Technical	PUVMP-Project Management Office, Office of Transportation Cooperatives
	Public Service Values Program	06/02/2022	06/21/2022	14	Supervisory	Civil Service Institute, Civil Service Commission
	Module 1: Sickness Benefit, ExpreSSS e-Learning [ExSSSeL] Portal				Technical	SSS Member Education Department of the Member Services and Support Group



(Continue on separate sheet if necessary)

VIII. OTHER INFORMATION

31.	SPECIAL SKILLS and HOBBIES	NON-ACADEMIC DISTINCTIONS / RECOGNITION (Write in full)	33.	MEMBERSHIP IN ASSOCIATION/ORGANIZATION (Write in full)
	N/A	COMMUNITY LEADERSHIP AWARD		N/A

(Continue on separate sheet if necessary)

SIGNATURE		DATE	06 January 2023
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34. Are you related by consanguinity or affinity to the appointing or recommending authority, or to chief of bureau or office or to the person who has immediate supervision over you in the Bureau or Department where you will be appointed, a. within the third degree? b. within the fourth degree (for Local Government Unit - Career Employees)?		<div><input type="checkbox"/> YES<input checked="" type="checkbox"/> NO</div> <div><input type="checkbox"/> YES<input checked="" type="checkbox"/> NO</div> <div>If YES, give details: _____</div>												
35. a. Have you ever been found guilty of any administrative offense? b. Have you been criminally charged before any court?		<div><input type="checkbox"/> YES<input checked="" type="checkbox"/> NO</div> <div>If YES, give details: _____</div> <div><input type="checkbox"/> YES<input checked="" type="checkbox"/> NO</div> <div>If YES, give details: Date Filed: _____ Status of Case/s: _____</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><input type="checkbox"/> YES<input checked="" type="checkbox"/> NO</div> <div>If YES, give details: _____</div>												
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?		<div><input checked="" type="checkbox"/> YES<input type="checkbox"/> NO</div> <div>If YES, give details: _____ resignation</div>												
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?		<div><input type="checkbox"/> YES<input checked="" type="checkbox"/> NO</div> <div>If YES, give details: _____</div> <div><input type="checkbox"/> YES<input checked="" type="checkbox"/> NO</div> <div>If YES, give details: _____</div>												
39. Have you acquired the status of an immigrant or permanent resident of another country?		<div><input type="checkbox"/> YES<input checked="" type="checkbox"/> NO</div> <div>If YES, give details (country): _____</div>												
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 a. Are you a member of any indigenous group? b. Are you a person with disability? c. Are you a solo parent?		<div><input type="checkbox"/> YES<input checked="" type="checkbox"/> NO</div> <div>If YES, please specify: _____</div> <div><input type="checkbox"/> YES<input checked="" type="checkbox"/> NO</div> <div>If YES, please specify ID No: _____</div> <div><input type="checkbox"/> YES<input checked="" type="checkbox"/> NO</div> <div>If YES, please specify ID No: _____</div>												
41. REFERENCES (Person not related by consanguinity or affinity to applicant /appointee)														
<table><thead><tr><th>NAME</th><th>ADDRESS</th><th>TEL. NO.</th></tr></thead><tbody><tr><td>CRESENCIANA ES GALVEZ</td><td>SAN JOSE DEL MONTE, BULACAN</td><td>9171520463</td></tr><tr><td>ENGR. EUGENE M. PABUALAN</td><td>CAGAYAN DE ORO</td><td>9993299277</td></tr><tr><td>ATTY. MILDRED JOY P. QUE, CPA</td><td>BRGY. CANDAO, DULAG, LEYTE</td><td>9175333566</td></tr></tbody></table>		NAME	ADDRESS	TEL. NO.	CRESENCIANA ES GALVEZ	SAN JOSE DEL MONTE, BULACAN	9171520463	ENGR. EUGENE M. PABUALAN	CAGAYAN DE ORO	9993299277	ATTY. MILDRED JOY P. QUE, CPA	BRGY. CANDAO, DULAG, LEYTE	9175333566	<div><div>Babelyn D Galang</div>PHOTO</div> <div><div></div><div>Right Thumbmark</div></div>
NAME	ADDRESS	TEL. NO.												
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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.														
<div>Government Issued ID (i.e.Passport, GSIS, SSS, PRC, Driver's License, etc.) PLEASE INDICATE ID Number and Date of Issuance</div> <div>Government Issued ID: UMID</div> <div>ID/License/Passport No.: CRN-006-0016-6813-1</div> <div>Date/Place of Issuance: GSIS TACLOBAN</div>	<div><div>Signature (Sign inside the box)</div><div>6 January 2023</div><div>Date Accomplished</div></div>													

SUBSCRIBED AND SWORN to before me this _____, affiant exhibiting his/her validly issued government ID as indicated above.

Person Administering Oath

