

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. Do not use separate sheet if necessary. Indicate N/A if not applicable. DO NOT ABUSE DATE

Do not fill up for CSC use only

2 SURNAME	OMALAY		NAME EXTENSION (JR, SR)	N/A
FIRST NAME	EXEL			
MIDDLE NAME	HERBOLINGO			
3 DATE OF BIRTH (mm/dd/yyyy)	12/21/1995	16 CITIZENSHIP	<input checked="" type="checkbox"/> Filipino <input type="checkbox"/> Dual Citizenship <input type="checkbox"/> by birth <input type="checkbox"/> by naturalization P/s indicate country	
4 PLACE OF BIRTH	BAYBAY, LEYTE	(If holder of dual citizenship, please indicate the details)		
5 SEX	<input type="checkbox"/> Male <input checked="" type="checkbox"/> Female	17 RESIDENTIAL ADDRESS	House/Block/Lot No. Street BRGY. STO. ROSARIO Subdivision/Village Barangay BAYBAY, CITY LEYTE City/Municipality Province ZIP CODE 6521	
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:	18 PERMANENT ADDRESS	House/Block/Lot No. Street BRGY. STO. ROSARIO Subdivision/Village Barangay BAYBAY, CITY LEYTE City/Municipality Province ZIP CODE 6521	
7 HEIGHT (m)	1.53	19 TELEPHONE NO	N/A	
8 WEIGHT (kg)	54	20 MOBILE NO	09557531961	
9 BLOOD TYPE	N/A	21 E-MAIL ADDRESS (if any)	exel.omalay@gmail.com	
10 GSIS ID NO	N/A			
11 PAG-IBIG ID NO	121224246995			
12 PHILHEALTH NO	130255179927			
13 SSS NO	0641175967			
14 TIN NO	355193115			
15 AGENCY EMPLOYEE NO	48020042			

22 SPOUSE'S SURNAME		N/A		23 NAME OF CHILDREN (Write full name and list all)	DATE OF BIRTH (mm/dd/yyyy)
FIRST NAME		NAME EXTENSION (JR, SR)			
MIDDLE NAME					
OCCUPATION					
EMPLOYER/BUSINESS NAME					
BUSINESS ADDRESS					
TELEPHONE NO					
24 FATHER'S SURNAME	OMALAY				
FIRST NAME	NESTOR	NAME EXTENSION (JR, SR)			
MIDDLE NAME	LIMBO				
25 MOTHER'S MAIDEN NAME	HERBOLINGO				
SURNAME	ADELAIDA				
FIRST NAME	DELA TORRE				
MIDDLE NAME					

(Continue on separate sheet if necessary)

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	BAYBAY I CENTRAL SCHOOL	SPECIAL SCIENCE ELEMENTARY SECTION	06/08/2002	03/25/2008	N/A	2008	WITH HONORS
SECONDARY	BAYBAY NATIONAL HIGH SCHOOL	ENGINEERING AND SCIENCE EDUCATION CURRICULUM	06/07/2008	03/29/2012	N/A	2012	N/A
VOCATIONAL / TRADE COURSE	N/A	N/A	N/A	N/A	N/A	N/A	N/A
COLLEGE	VISAYAS STATE UNIVERSITY	BACHELOR OF SCIENCE IN AGRIBUSINESS	06/10/2014	06/15/18	N/A	2018	CUM LAUDE
GRADUATE STUDIES	N/A	N/A	N/A	N/A	N/A	N/A	N/A

(Continue on separate sheet if necessary)

SIGNATURE		DATE	MARCH 20, 2021
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[illegible]

WORK EXPERIENCE

[illegible][illegible]

(Continue on separate sheet if necessary)			
SIGNATURE	<i>Michael J. [illegible]</i>	DATE	March 20, 2021

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V. VOLUNTARY WORK OR INVOLVEMENT IN CIVIC / NON-GOVERNMENT PEOPLE VOLUNTARY ORGANIZATIONS

29.	NAME & ADDRESS OF ORGANIZATION (Write in full)	INCLUSIVE DATES (mm/dd/yyyy)		NUMBER OF HOURS	POSITION / NATURE OF WORK
		From	To		
	N/A				

(Continue on separate sheet if necessary)

(Continue on separate sheet if necessary)

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

State of Tennessee | Department of Transportation | Office of Research and Planning | 1000 North State Street, Suite 200 | Nashville, TN 37203 | Phone: 615-741-2000 | Fax: 615-741-2001

[illegible]


(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)
EXERCISING AND HEALTHCARE		
DANCING		
(COLLEGE DAYS-TRACK AND FIELD) SPORTS		

(Continue on separate sheet if necessary)

SIGNATURE	<i>Michael J. [Signature]</i>	DATE	March 26, 2021
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<p>Are you elected by constituency 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>		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO												
<p>25. a. Have you ever been found guilty of any administrative offense?</p> <p>b. Have you been criminally charged before any court?</p>		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO												
<p>26. Have you ever been convicted of any crime or violation of any law, decree, ordinance or regulation by any court or tribunal?</p>		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO												
<p>27. 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>		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO												
<p>28. 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 promulgetively campaign for a national or local candidate?</p>		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO												
<p>29. Have you acquired the status of an immigrant or permanent resident of another country?</p>		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO												
<p>40. Pursuant to: (a) Indigenous Peoples 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>		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO												
<p>41. REFERENCES: (Persons not related by consanguinity or affinity to applicant supported)</p> <table border="1"> <thead> <tr> <th>NAME</th> <th>ADDRESS</th> <th>TEL. NO.</th> </tr> </thead> <tbody> <tr> <td>ATILIO S. ACIDO</td> <td>ORMOG CITY, LEYTE</td> <td>9338753228</td> </tr> <tr> <td>JOSE ALVIN P. SUMALING</td> <td>ORMOG CITY, LEYTE</td> <td>9177200149</td> </tr> <tr> <td>BRIAN BULAWAN</td> <td>BAYBAY CITY, LEYTE</td> <td>9161433523</td> </tr> </tbody> </table>			NAME	ADDRESS	TEL. NO.	ATILIO S. ACIDO	ORMOG CITY, LEYTE	9338753228	JOSE ALVIN P. SUMALING	ORMOG CITY, LEYTE	9177200149	BRIAN BULAWAN	BAYBAY CITY, LEYTE	9161433523
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<p>42. I declare under oath that I have personally accomplished the 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 cases against me.</p>		<p>EXCEL R. OVALUAY</p>  <p>Client Representative</p>												
<p>Government Issued ID (a Passport, Driver's License, Voter's Certificate, etc.)</p> <p>PLEASE INDICATE ID Number and Date of Issuance</p> <p>Government Issued ID: _____</p> <p>Date of Issuance: _____</p>		<p>Signature (Sign inside box)</p> <p>MOCK 20-2021</p>												
<p>Official Receipt No. _____</p> <p>Date of Receipt: _____</p>		<p>Official Receipt No. _____</p> <p>Date of Receipt: _____</p>												
<p>SUBSCRIBED AND SWORN to before me this <u>MAR 19 2021</u> at <u>ORMOG CITY, LEYTE</u>, a. agent exhibiting his/her validly issued Government ID as indicated above.</p> <p>ATTY. RENE ALAN G. JERVOSO</p> <p>Notary Public for Leyte City</p> <p>My Commission Expires on <u>March 20, 2021</u></p> <p>Notary Administrative Seal</p>														