CS Form No. 212

Revised 2017

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 READ THE ATTACHED GUIDE TO FILLING OUT THE PERSONAL DATA SHEET (PDS) BEFORE ACCOMPLISHING THE PDS FORM 1. CS ID No. (Do not fill up. For CSC use only) Print legibly. Tick appropriate boxes (—) and use separate sheet if necessary. Indicate N/A if not applicable. DO NOT ABBREVIATE. 2. SURNAME GALLEGO NAME EXTENSION (JR., SR) DAN EFRAIM FIRST NAME MIDDLE NAME COLON 3. DATE OF BIRTH **FILIPINO** 16. CITIZENSHIP (mm/dd/yyyy) 2/2/1991 4. PLACE OF BIRTH QUEZON CITY If holder of dual citizenship, Pls. indicate country: nlease indicate the details MALE N/A 17. RESIDENTIAL ADDRESS N/A N/A 6 CIVIL STATUS SINGLE House/Block/Lot No Street N/A BUENAVISTA LEYTE CITY OF BAYBAY 7. HEIGHT (m) 1.68 meters City/Municipality Province 8 WEIGHT (kg) 70 KG ZIP CODE 6521 18. PERMANENT ADDRESS N/A N/A 9. BLOOD TYPE N/A House/Block/Lot No. Street BUENAVISTA 10. GSIS ID NO. N/A Subdivision/Village Barangay CITY OF BAYBAY LEYTE 11. PAG-IBIG ID NO. 121005796154 City/Municipality Province 12. PHILHEALTH NO. 13-050118586-9 ZIP CODE 06-3082347-9 13. SSS NO. 19. TELEPHONE NO. N/A 09502536868 419-114-290 20. MOBILE NO. WS023077 15. AGENCY EMPLOYEE NO. 21. E-MAIL ADDRESS (if any) gdanefraim@gmail.com N/A 22. SPOUSE'S SURNAME 23. NAME of CHILDREN (Write full name and list all) DATE OF BIRTH (mm/dd/yyyy) IAME EXTENSION (JR., SR) FIRST NAME N/A N/A N/A MIDDLE NAME N/A N/A OCCUPATION EMPLOYER/BUSINESS NAME N/A BUSINESS ADDRESS N/A TELEPHONE NO N/A GALLEGO 24. FATHER'S SURNAME AME EXTENSION (JR., SR) FIRST NAME CARLITO NAYRE MIDDLE NAME 25. MOTHER'S MAIDEN NAME COLON SURNAME MARISSA FIRST NAME **DELGADO** MIDDLE NAME (Continue on separate sheet if necessary) SCHOLARSHIF ACADEMIC HIGHEST LEVEL/ UNITS EARNED (if not graduated) PERIOD OF ATTENDANCE BASIC EDUCATION/DEGREE/COURSE NAME OF SCHOOL YEAR LEVEL HONORS GRADUATED (Write in full) (Write in full) From To 3rd ELEMENTARY **BUENAVISTA ELEMENTARY SCHOOL** Grade 1 - Grade 6 1997 2003 N/A Honorable SECONDARY **BAYBAY NATIONAL HIGH SCHOOL** 1st Year - 4th Year 2003 2007 N/A 2007 N/A VOCATIONAL / NIA N/A N/A N/A N/A N/A TRADE COURSE FRANCISCAN COLLEGE OF THE IMMACULATE LGU COLLEGE 1st Year - 4th Year 2016 2020 N/A 2001 CONCEPTION SCHOLAR GRADUATE STUDIES NIA NA NIA NIA N/A N/A N/A SIGNATURE DATE November 17, 2023

W. GIVIZ-02	A. VIOLENCIEI							LICENSE (if ap	anlicable)
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 EXAMINA	NUMBER	Date of Validity		
			N/A		N/A			N/A	N/A
V WORK F	XPERIENCE		(Cc	entinue on separate sheet i	if necessary)				
		Start from your recen	t work) Description	of duties should be	indicated in the attached	d Work Expe	rience sheet.		
28. INCLUSIVE DATES (mm/dd/yyyy) From To		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	GOVT SERVICE (Y/ N)
10/8/2020	10/26/2023	STATION O	FFICER	WALLSTREET COURIER		16000.00	N/A	REGULAR	N
11/16/2014	5/15/2016	CHECK	ER	ANISTAR	CORPORATION	7930.00	N/A	REGULAR	N
12/1/2010	11/15/2014	SERVICE CREW		MANG INASAL	7670.00	N/A	REGULAR	N	
									2
	2								
			(Ca	ontinue on separate sheet	if necessary)				
SIGNA	TURE	4			DATE			7/2023 FORM 212 (Revised 2)	017) Page 2 of A

29. NAME & ADDRESS OF (Write in fr		INCLUSIVE DATES (mm/dd/yyyy) From To		NUMBER OF HOURS	POSITION / NATURE OF WORK		
N/A		N/A	N/A	N/A		N/A	
VII. I EADNING AND DEVELOPMENT		ntinue on separate s		y)			
VII. LEARNING AND DEVELOPMENT (L&L		INCLUSIVE	DATES OF		Type of LD		
30. TITLE OF LEARNING AND DEVELOPMENT IN (Write in f		ATTENI (mm/do	d/yyyy)	NUMBER OF HOURS	(Managerial/ Supervisory/ Technical/etc)	CONDUCTED/ SPONSORED BY (Write in full)	
ON THE 10D TRANSPORT	OHALTY PRICES	From	То				
ON-THE-JOB TRAINEE, PRODUCTION AND WATER &ENGINEERING/CONSTRUCTION DIVISION	QUALIT DIVISION	12/3/2019	2/19/2020	300 HOURS	N/A	BAYBAY CITY WATER DISTRICT	
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				+	-		
				+		7	
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1							
				1			
	<i>p</i> -	entinue on separate s	theet if narres	y)			
VIII. OTHER INFORMATION	(Co	- Jan separaté					
31. SPECIAL SKILLS and HOBBIES	32. NO		33. MEMBERSHIP IN ASSOCIATION/ORGANIZATION (Write in full)				
BASIC BOOKKEEPING							
COMPUTER LITERATE	N/A						
GOOGLE WORKPLACE							
MICROSOFT OFFICE							
MUSIC							
	1						
SIGNATURE	(Co	ontinue on separate :	sneet if necessar		ATE	11/17/2023	
CICIOTIONE	9					CS FORM 212 (Revised 2017), Page 3 of 4	

34.	Are you related by consanguinity or affinity to the appointing chief of bureau or office or to the person who has immediate Bureau or Department where you will be apppointed, a. within the third degree? b. within the fourth degree (for Local Government Unit - Care	NO NO If YES, give details:			
35.	a. Have you ever been found guilty of any administrative offe	NO If YES, give details:			
	b. Have you been criminally charged before any court?	NO If YES, give details: Date Filed: Status of Case/s:			
36.	Have you ever been convicted of any crime or violation of an any court or tribunal?	NO If YES, give details:			
	Have you ever been separated from the service in any of the retirement, dropped from the rolls, dismissal, termination, end (abolition) in the public or private sector?	NO If YES, give details:			
38.	a. Have you ever been a candidate in a national or local electron Barangay election)? b. Have you resigned from the government service during the	NO If YES, give details: NO			
39.	election to promote/actively campaign for a national or local of Have you acquired the status of an immigrant or permanent	If YES, give details: NO If YES, give details (country):			
40. a. b. c.	Pursuant to: (a) Indigenous People's Act (RA 8371); (b) Mag 7277); and (c) Solo Parents Welfare Act of 2000 (RA 8972), Are you a member of any indigenous group? Are you a person with disability? Are you a solo parent?	NO If YES, please specify: NO If YES, please specify ID No: NO			
41.	REFERENCES (Person not related by consanguinity or affinity to applicant	If YES, please specify ID No:			
	NAME	ADDRESS	TEL. NO.		
	AIZA B. BESAVILLA	BRGY. SAN ISIDRO, BAYBAY CITY,	9556130793	Ca Ca	
	ARIANNE J. CAINTIC	LEYTE BRGY. GUADALUPE, BAYBAY CITY, LEYTE	9125053011		
	ENGR. QUINTIN LIM JR	BAYBAY CITY, LEYTE	9159905092	ATTAN	
42.	I declare under oath that I have personally accomplished complete statement pursuant to the provisions of pertine Philippines. I authorize the agency head/authorized representagree that any misrepresentation made in this document administrative/criminal case/s against me.	ent laws, rules and regulations of the ntative to verify/validate the contents stat	Republic of the ed herein.	РНОТО	
9 (86)	overnment Issued ID (i.e. Passport, GSIS, SSS, PRC, Driver's License, etc.) **LEASE INDICATE ID Number and Date of Issuance**	1		1	
۱H	overmment Issued ID: DRIVER'S LICENSED	11			
10	D/License/Passport No.: H12-17-000847	pox)			
	late/Place of Issuance: BAYBAY CITY, LEYTE		Right Thumbmark		
	SUBSCRIBED AND SWORN to before me this	, affiant exhibi	ting his/her validly issued governm	nent ID as indicated above.	