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 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 Print legibly. Tick appropriate boxes (L GALLEGO 2. SURNAME NAME EXTENSION (JR., SR) DAN EFRAIM FIRST NAME MIDDLE NAME COLON 3. DATE OF BIRTH **FILIPINO** 16. CITIZENSHIP (mm/dd/yyyy) 2/2/1991 QUEZON CITY Pls. indicate country: If holder of dual citizenship, 4. PLACE OF BIRTH please indicate the details. MALE N/A 5. SEX 17. RESIDENTIAL ADDRESS N/A N/A SINGLE 6 CIVIL STATUS House/Block/Lot N N/A BUENAVISTA Barangay LEYTE CITY OF BAYBAY 7. HEIGHT (m) 1.68 meters Province City/Municipality 70 KG 6521 ZIP CODE 8. WEIGHT (kg) 18. PERMANENT ADDRESS N/A N/A 9. BLOOD TYPE N/A House/Block/Lot No. N/A BUENAVISTA 10. GSIS ID NO. N/A Subdivision/Village Barangay CITY OF BAYBAY LEYTE 11. PAG-IBIG ID NO. 121005796154 City/Municipality Province 13-050118586-9 ZIP CODE 06521 12. PHILHEALTH NO. 13. SSS NO. 06-3082347-9 19. TELEPHONE NO. N/A 14. TIN NO. 419-114-290 20. MOBILE NO. 09502536868 15. AGENCY EMPLOYEE NO. WS023077 21. E-MAIL ADDRESS (if any) gdanefraim@gmail.com N/A DATE OF BIRTH (mm/dd/yyyy) 23. NAME of CHILDREN (Write full name and list all) 22. SPOUSE'S SURNAME IAME EXTENSION (JR., SR) N/A N/A N/A FIRST NAME N/A MIDDLE NAME N/A OCCUPATION EMPLOYER/BUSINESS NAME N/A N/A BUSINESS ADDRESS TELEPHONE NO. N/A 24. FATHER'S SURNAME **GALLEGO** NAME EXTENSION (JR., SR) FIRST NAME CARLITO MIDDLE NAME NAYRE 25. MOTHER'S MAIDEN NAME SURNAME COLON MARISSA FIRST NAME MIDDLE NAME DELGADO (Continue on separate sheet if necessary) SCHOLARSHIP PERIOD OF ATTENDANCE HIGHEST LEVEL! NAME OF SCHOOL BASIC EDUCATION/DEGREE/COURSE YEAR ACADEMIC LEVEL UNITS EARNED GRADUATED HONORS RECEIVED (Write in full) (Write in full) (if not graduated) From To 3rd **BUENAVISTA ELEMENTARY SCHOOL** Grade 1 - Grade 6 ELEMENTARY 1997 2003 2003 N/A Honorable BAYBAY NATIONAL HIGH SCHOOL 1st Year - 4th Year 2003 N/A 2007 N/A SECONDARY 2007 VOCATIONAL / N/A N/A 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 N/Δ N/A GRADUATE STUDIES N/Δ N/A N/A N/A N/A SIGNATURE DATE August 24, 2023

SPECIAL LAWS/ CES/ CSEE BARANGAY ELIGIBILITY / DRIVER'S LICENSE (If Ap			RATING (If Applicable)	DATE OF EXAMINATION / CONFERMENT	PLACE OF EXAMINA	TION / CONFERI	MENT	LICENSE (if app	Date o
			N/A	N/A	N		N/A	N/A	
INO									
			(C	ontinue on separate sheet i	fnecessary)				
	XPERIENCE ite employment.	Start from your recen	(work) Descriptio	n of duties should be	indicated in the attached	l Work Exper	ience sheet.		
INCLUSIVE DATES (mm/dd/yyyy) From To Start from your recent or		TITLE	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 SERV (Y/	
8/2020	PRESENT	STATION OF	FICER	WALLSTR	EET COURIER	16000.00	N/A	REGULAR	1
16/2014	5/15/2016	CHECK	ER	ANISTAR	ORPORATION	7930.00	N/A	REGULAR	1
1/2010	11/15/2014	SERVICE (CREW	MANG INASAL	BAYBAY BRANCH	7670.00	N/A	REGULAR	1
1/2010	10/31/2010	GASOLINE	BOY	PE	TRON	4680.00	N/A	CONTRACTUA L	ı
		4.00							
							-		
		(, , , , , , , , , , , , , , , , , , , 							

29. NAME & ADDRESS OF (Write in		INCLUSIVE DATES (mm/dd/yyyy) From To		NUMBER OF HOURS	POSITION / NATURE OF WORK		
N/A		N/A	N/A	N/A		N/A	
		itinue on separate s		7)			
0. TITLE OF LEARNING AND DEVELOPMENT II	ARNING AND DEVELOPMENT (L&D) INTERVENTIONS/TRAINING PR TITLE OF LEARNING AND DEVELOPMENT INTERVENTIONS/TRAINING PROGRAMS (Write in full)		INCLUSIVE DATES OF ATTENDANCE (mm/dd/yyyy)		Type of LD (Managerial/ Supervisory/	CONDUCTED/ SPONSORED BY	
			From To		Technical/etc)	(Write in full)	
ENGINEERING/CONSTRUCTION DIVISION	N GOALITT DIVISION	12/3/2019	2/19/2020	300 HOURS	N/A	BAYBAY CITY WATER DISTRICT	
III. OTHER INFORMATION	(Co	ntinue on separate	sheet if necessal	(7)			
31. SPECIAL SKILLS and HOBBIES	32. NO	33. MEMBERSHIP IN ASSOCIATION/ORGANIZATION (Write in full)					
GOOGLE WORKPLACE							
MICROSOFT OFFICE				ite control of the co			
MUSIC							
	ICo.	ntinue on separate	sheet if necessa	ny)	Sub-191 20		
SIGNATURE	1 8	Mariania da universa de la constitución		Property of the last of the la	ATE	8/24/2023	

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 - Car	NO NO If YES, give details:			
35. a. Have you ever been found guilty of any administrative off	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 a any court or tribunal?	NO If YES, give details:			
	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?			
a. Have you ever been a candidate in a national or local elements are also as a series of the series and a series are also as a series are also as a series are a series as a series are series are series are series as a series are series are series as a series are	NO If YES, give details: NO If YES, give details:			
39. Have you acquired the status of an immigrant or permanen	NO If YES, give details (country):			
 40. Pursuant to: (a) Indigenous People's Act (RA 8371); (b) Ma 7277); and (c) Solo Parents Welfare Act of 2000 (RA 8972); a. Are you a member of any indigenous group? b. Are you a person with disability? c. Are you a solo parent? 	NO If YES, please specify: NO If YES, please specify ID No: NO If YES, please specify ID No:			
41. REFERENCES (Person not related by consanguinity or affinity to applicant	nt /appointee)			
NAME HELINA RAMOS	ADDRESS BRGY. GUADALUPE, BAYBAY CITY,	TEL. NO. 9950083650	A	
ARIANNE J. CAINTIC	LEYTE BRGY. GUADALUPE, BAYBAY CITY, LEYTE	9125053011		
ENGR. QUINTIN LIM JR	BAYBAY CITY, LEYTE	9159905092		
42. I declare under oath that I have personally accomplishe complete statement pursuant to the provisions of perti Philippines. I authorize the agency head/authorized repres agree that any misrepresentation made in this doc administrative/criminal case/s against me.	nent laws, rules and regulations of the sentative to verify/validate the contents sta	Republic of the ted herein.	РНОТО	
Government Issued ID (i.e.Passport, GSIS, SSS, PRC, Driver's Liomase, etc.) PLEASE INDICATE ID Number and Date of Issuance				
Government Issued ID: DRIVER'S LICENSED	d'	- 11		
ID/License/Passport No.: H12-17-000847	box)			
Date/Place of Issuance: BAYBAY CITY, LEYTE		Right Thumbmark		
SUBSCRIBED AND SWORN to before me this	, affiant exhit	oiting his/her validly issued governm	nent ID as indicated above.	
	Person Administering O	ath		