

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.

CS ID No.

(Do not fill up. For CSC use only)

I. PERSONAL INFORMATION

2. SURNAME	GALENZOGA		
FIRST NAME	ANDIE LEE	NAME EXTENSION (JR., SR.)	
MIDDLE NAME	VILLACORTE		
3. DATE OF BIRTH (mm/dd/yyyy)	2/12/2001	16. CITIZENSHIP	<input checked="" type="checkbox"/> Filipino <input type="checkbox"/> Dual Citizenship <input type="checkbox"/> by birth <input type="checkbox"/> by naturalization Pls. 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		
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	N/A House/Block/Lot No. Street N/A BROV. STO. ROSARIO Subdivision/Village Barangay BAYBAY CITY LEYTE City/Municipality Province
7. HEIGHT (m)	1.51	ZIP CODE	6521
8. WEIGHT (kg)	50	18. PERMANENT ADDRESS	N/A House/Block/Lot No. Street N/A BROV. STO. ROSARIO Subdivision/Village Barangay BAYBAY CITY LEYTE City/Municipality Province
9. BLOOD TYPE	A+	ZIP CODE	6521
10. GSIS ID NO.	N/A	19. TELEPHONE NO.	N/A
11. PAG-IBIG ID NO.	121352142375	20. MOBILE NO.	09773878432
12. PHILHEALTH NO.	132528369484	21. E-MAIL ADDRESS (if any)	andiegalezoga@gmail.com
13. SSS NO.	06-4985250-9		
14. TIN NO.	656-580-853-00000		
15. AGENCY EMPLOYEE NO.	N/A		

II. FAMILY BACKGROUND

22. SPOUSE'S SURNAME	N/A	23. NAME of CHILDREN (Write full name and list all)	DATE OF BIRTH (mm/dd/yyyy)
FIRST NAME	N/A	SEANNA ROSELLE G. CAPRICHIO	09/14/2020
MIDDLE NAME	N/A	SABRINA REI G. CAPRICHIO	3/7/2025
OCCUPATION	N/A		
EMPLOYER/BUSINESS NAME	N/A		
BUSINESS ADDRESS	N/A		
TELEPHONE NO.	N/A		
24. FATHER'S SURNAME	GALENZOGA		
FIRST NAME	DELFIN	NAME EXTENSION (JR., SR.)	JR.
MIDDLE NAME	ORTEGA		
25. MOTHER'S MAIDEN NAME			
SURNAME	VILLACORTE		
FIRST NAME	CLEO		
MIDDLE NAME	BACUSMO		

(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	BAYBAY I CENTRAL SCHOOL	ELEMENTARY	2008	2014	GRADUATED	2014	N/A
SECONDARY	VISAYAS STATE UNIVERSITY INTEGRATED HIGH SCHOOL	ACCOUNTANCY AND BUSINESS MANAGEMENT	2014	2020	GRADUATED	2020	WITH HONORS
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	2020	2024	GRADUATED	2024	N/A
GRADUATE STUDIES	N/A	N/A	N/A	N/A	N/A	N/A	N/A

(Continue on separate sheet if necessary)

SIGNATURE		DATE	10/04/25
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[illegible]

V. WORK EXPERIENCE

(Include private employment. Start from your recent work) Description of duties should be indicated in the attached Work Experience sheet.

[illegible]

SIGNATURE	<i>ALG</i>	DATE	10/04/25
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[illegible]

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

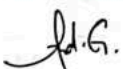

[illegible]

(Continue on separate sheet if necessary)

[illegible]

(Continue on separate sheet if necessary)

SIGNATURE	DATE
	10/04/2025

<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>Date Filed: _____</p> <p>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>JOSE L. BACUSMO</td> <td>BRGY. STA. CRUZ, BAYBAY CITY, LEYTE</td> <td>9686906880</td> </tr> <tr> <td>NILDA T. AMESTOSO</td> <td>VISCA, BAYBAY CITY, LEYTE</td> <td>9618860111</td> </tr> <tr> <td>CATHERINE C. ARRADAZA</td> <td>BRGY. STO. ROSARIO, BAYBAY CITY, LEYTE</td> <td>9176330054</td> </tr> </tbody> </table>		NAME	ADDRESS	TEL. NO.	JOSE L. BACUSMO	BRGY. STA. CRUZ, BAYBAY CITY, LEYTE	9686906880	NILDA T. AMESTOSO	VISCA, BAYBAY CITY, LEYTE	9618860111	CATHERINE C. ARRADAZA	BRGY. STO. ROSARIO, BAYBAY CITY, LEYTE	9176330054
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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 representative 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>													
<p>Government Issued ID (i.e. Passport, GSIS, SSS, PRC, Driver's License, etc.)</p> <p>PLEASE INDICATE ID Number and Date of Issuance</p> <p>Government Issued ID: <u>PASSPORT</u></p> <p>ID/License/Passport No.: <u>P6986547C</u></p> <p>Date/Place of Issuance: <u>APRIL 25, 2024</u></p>	<div style="text-align: center;">  Signature (Sign inside the box) <u>10/09/2025</u> Date Accomplished </div> <div style="text-align: center;">  Right Thumbmark </div>												
<p>SUBSCRIBED AND SWORN to before me this _____, affiant exhibiting his/her validly issued Government ID as indicated above.</p> <div style="display: flex; justify-content: space-between; align-items: flex-end;"> <div style="width: 30%;"> <p>Doc. No. <u>132</u></p> <p>Page No. <u>27</u></p> <p>Book No. <u>XXXXV</u></p> <p>Series Of <u>2025</u></p> </div> <div style="width: 60%; text-align: right;"> <p>ATTY. WILSON C. ENARIO-VIALLOON</p> <p>Notary Public</p> <p>Roll No. 62930</p> <p>NC No. B-2-12-06 until December 31, 2025</p> <p>PTR No. BC 026352, 1/2/25, Baybay City, Leyte</p> <p>IBP No. 495374, 1/2/25, Leyte</p> <p>MCLE Compliance No. VIII-0014132</p> </div> </div> <div style="text-align: center; margin-top: 10px;"> <p>Person Administering Oath</p> </div>													