

## 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.**

1. CS ID No.

(Do not fill up. For CSC use only)

## I. PERSONAL INFORMATION

2. SURNAME	BASALO		
FIRST NAME	DANILO	NAME EXTENSION (JR., SR.) JR.	
MIDDLE NAME	ALBISO		
3. DATE OF BIRTH (mm/dd/yyyy)	01 / 04 / 1993	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 CITY, LEYTE	If holder of dual citizenship, please indicate the details.	
5. SEX	<input checked="" type="checkbox"/> Male <input 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	137 A. EMILIO JACINTO House/Block/Lot No. Street Subdivision/Village ZONE 18 BAYBAY LEYTE City/Municipality Province
7. HEIGHT (m)	1.64 m	ZIP CODE	6521
8. WEIGHT (kg)	55 kg	18. PERMANENT ADDRESS	137 A. EMILIO JACINTO House/Block/Lot No. Street Subdivision/Village ZONE 18 BAYBAY LEYTE City/Municipality Province
9. BLOOD TYPE	N/A	ZIP CODE	6521
10. GSIS ID NO.	N/A	19. TELEPHONE NO.	N/A
11. PAG-IBIG ID NO.	N/A	20. MOBILE NO.	09073114823
12. PHILHEALTH NO.	13-025601891-9	21. E-MAIL ADDRESS (if any)	bibabz.basalo@gmail.com
13. SSS NO.	N/A		
14. TIN NO.	N/A		
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	NAME EXTENSION (JR., SR.)	N/A	
MIDDLE NAME	N/A			
OCCUPATION	N/A			
EMPLOYER/BUSINESS NAME	N/A			
BUSINESS ADDRESS	N/A			
TELEPHONE NO.	N/A			
24. FATHER'S SURNAME	BASALO			
FIRST NAME	DANILO	NAME EXTENSION (JR., SR.) SR.		
MIDDLE NAME	TABA			
25. MOTHER'S MAIDEN NAME	ALBISO			
SURNAME	BASALO			
FIRST NAME	CLARA			
MIDDLE NAME	MEÑOZA			

(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	CARLOS P. GARCIA ELEMENTARY SCHOOL		1999	2005	N/A	2005	N/A
SECONDARY	BAYBAY NATIONAL HIGH SCHOOL		2005	2009	N/A	2009	N/A
VOCATIONAL / TRADE COURSE	BAYBAY TECH-VOC	ELECTRICAL INSTALLATION AND MAINTENANCE NCII	JAN. 2022	FEB. 2022	N/A	2022	N/A
COLLEGE	VISAYAS STATE UNIVERSITY	BACHELOR OF ANIMAL SCIENCE	2014	2019	N/A	2019	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	FEBRUARY 10, 2023
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IV. CIVIL SERVICE ELIGIBILITY									
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[illegible]

(Continue on separate sheet if necessary)

## V. WORK EXPERIENCE

[illegible]

(Continue on separate sheet if necessary)

SIGNATURE	<i>E. Paul</i>	DATE	FEBRUARY 10, 2023
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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

**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)

[illegible]

VIII. OTHER INFORMATION

31. SPECIAL SKILLS and HOBBIES	32. NON-ACADEMIC DISTINCTIONS / RECOGNITION (Write in full)	33. MEMBERSHIP IN ASSOCIATION/ORGANIZATION (Write in full)
COMPUTER LITERATE	N/A	N/A
BASKETBALL		
MUSIC		
FARMING		

SIGNATURE	<i>Sgt. [Signature]</i>	DATE	FEBRUARY 10, 2023
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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,

a. within the third degree?

b. within the fourth degree (for Local Government Unit - Career Employees)?

☐ YES ☒ NO

☐ YES ☒ NO

If YES, give details:

35. a. Have you ever been found guilty of any administrative offense?

☐ YES ☒ NO

If YES, give details:

b. Have you been criminally charged before any court?

☐ YES ☒ NO

If YES, give details:

Date Filed: \_\_\_\_\_

Status of Case/s: \_\_\_\_\_

36. Have you ever been convicted of any crime or violation of any law, decree, ordinance or regulation by any court or tribunal?

☐ YES ☒ NO

If YES, give details:

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?

☐ YES ☒ NO

If YES, give details:

38. a. Have you ever been a candidate in a national or local election held within the last year (except Barangay election)?

☐ YES ☒ NO

If YES, give details:

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?

☐ YES ☒ NO

If YES, give details:

39. Have you acquired the status of an immigrant or permanent resident of another country?

☐ YES ☒ NO

If YES, give details (country): \_\_\_\_\_

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:

a. Are you a member of any indigenous group?

☐ YES ☒ NO

If YES, please specify: \_\_\_\_\_

b. Are you a person with disability?

☐ YES ☒ NO

If YES, please specify ID No: \_\_\_\_\_

c. Are you a solo parent?

☐ YES ☒ NO

If YES, please specify ID No: \_\_\_\_\_

41. REFERENCES (Person not related by consanguinity or affinity to applicant /appointee)

NAME	ADDRESS	TEL. NO.
N/A	N/A	N/A

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.



Government Issued ID (i.e. Passport, GSIS, SSS, PRC, Driver's License, etc.)  
PLEASE INDICATE ID Number and Date of Issuance

Government Issued ID: PHIL ID

ID/License/Passport No.: 3207-4392-5347-5230

Date/Place of Issuance: BAYBAY CITY, LEYTE

Signature (Sign inside the box)

Date Accomplished



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

Person Administering Oath