

34. Are you isolated by consistency 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? b. Have you been criminally charged before any court?	☐ YES ☒ NO If YES, give details: ☐ YES ☒ NO If YES, give details: Date Filed: _____ Status of Case: _____									
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, and 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)? b. Have you resigned from the government service during the three (3)-month period before the last election to preemptively campaign for a national or local candidate?	☐ YES ☒ NO If YES, give details: ☐ 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 8373); (b) Magna Carta for Disabled Persons (RA 7277); and (c) Solo Parents Welfare Act of 2000 (RA 8572), 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 consistency or affinity in applicant's appointment) <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 30%;">NAME</th> <th style="width: 30%;">ADDRESS</th> <th style="width: 40%;">TEL. NO.</th> </tr> </thead> <tbody> <tr> <td>VIOLETA GALICIA</td> <td>BRGY. BUNO CANTERA MARICOR, LARI</td> <td>09061503401</td> </tr> <tr> <td>ANGEL GALICIA</td> <td>BRGY. BUNO CANTERA MARICOR, LARI</td> <td>09553912015</td> </tr> </tbody> </table>		NAME	ADDRESS	TEL. NO.	VIOLETA GALICIA	BRGY. BUNO CANTERA MARICOR, LARI	09061503401	ANGEL GALICIA	BRGY. BUNO CANTERA MARICOR, LARI	09553912015
NAME	ADDRESS	TEL. NO.								
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ANGEL GALICIA	BRGY. BUNO CANTERA MARICOR, LARI	09553912015								
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 cases against me.										
Government issued ID (in Person, COG 200 PNC Check Cases etc) PLEASE INDICATE ID Number and Date of Issuance Government issued ID: T14 RR Number/Report No: 759-560-2610-000 Dated/Place of Issuance: 1/19/2019	Signature (Sign inside bracket) <i>[Signature]</i> Date Accomplished: JUL 2, 2019									
RIGHT THUMBPRINT <i>[Thumbprint]</i>										
SUBSCRIBED AND SWORN to before me this _____, at _____, affiant exhibiting higher validly issued government ID as indicated above.										
_____ Notary Public										
_____ Person Administering Oath										

Sl.	NAME & ADDRESS OF ORGANIZATION (State or City)	REGISTRATION NUMBER (Government)		NATURE OF SERVICE	SUBSIDIARY OR FUNCTIONAL NATURE OF WORK
		Firm	S/o		
	N/A	N/A	N/A	N/A	N/A

[illegible][illegible]

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PERSONAL DATA SHEET

WARNING: Any misrepresentation made in the Personal Data Sheet and the Work Experience Sheet shall result in the filing of administrative/ethical records against the person concerned.

READ THE ATTACHED GUIDE TO FILLING OUT THE PERSONAL DATA SHEET (PDF) BEFORE ACCOMPLISHING THIS PDF FORM.

Part 1 only. Fill appropriate boxes (1-3) and use separate sheet if necessary. Indicate N/A if not applicable. DO NOT ABANDON.

1. CS ID No.

(Don't fill up for CS use only)

I. PERSONAL INFORMATION

2. SURNAME	GALISIM		
FIRST NAME	EUNICE		Small Text (Optional)
MIDDLE NAME	SAMAS		
3. DATE OF BIRTH (month/year)	OCTOBER 20, 1989	4. GENDER	☒ Male ☐ Female ☐ Other: _____
5. PLACE OF BIRTH	ABINOG, LETE	If holder of dual citizenship, please indicate the details: _____ ☐ Filipino ☐ Dual Citizenship ☐ by birth ☐ by naturalization P/s, indicate country: _____	
6. SEX	☐ Male ☒ Female		
8. CIVIL STATUS	☒ Single ☐ Married ☐ Widowed ☐ Separated ☐ Other: _____	7. EDUCATION: ACCEPTED Education Level: _____ Education Type: _____ Education Institution: _____ Education Location: _____ Education Date: _____	
9. HEIGHT (m)	1.45	10. WEIGHT (kg) _____ 11. BLOOD TYPE _____ 12. CREDIT NO. _____ 13. PASSPORT NO. _____ 14. HEALTH NO. _____ 15. SOCIAL NO. _____ 16. PHONE NO. _____ 17. FAX NO. _____ 18. E-MAIL ADDRESS _____ 19. AGENCY EMPLOYED _____ 20. N/A	
10. WEIGHT (kg)	42	11. BLOOD TYPE _____ 12. CREDIT NO. _____ 13. PASSPORT NO. _____ 14. HEALTH NO. _____ 15. SOCIAL NO. _____ 16. PHONE NO. _____ 17. FAX NO. _____ 18. E-MAIL ADDRESS _____ 19. AGENCY EMPLOYED _____ 20. N/A	
11. BLOOD TYPE	NA	12. CREDIT NO. _____ 13. PASSPORT NO. _____ 14. HEALTH NO. _____ 15. SOCIAL NO. _____ 16. PHONE NO. _____ 17. FAX NO. _____ 18. E-MAIL ADDRESS _____ 19. AGENCY EMPLOYED _____ 20. N/A	
12. CREDIT NO.	NA	13. PASSPORT NO. _____ 14. HEALTH NO. _____ 15. SOCIAL NO. _____ 16. PHONE NO. _____ 17. FAX NO. _____ 18. E-MAIL ADDRESS _____ 19. AGENCY EMPLOYED _____ 20. N/A	
13. PASSPORT NO.	12121500857	14. HEALTH NO. _____ 15. SOCIAL NO. _____ 16. PHONE NO. _____ 17. FAX NO. _____ 18. E-MAIL ADDRESS _____ 19. AGENCY EMPLOYED _____ 20. N/A	
14. HEALTH NO.	152525003041	15. SOCIAL NO. _____ 16. PHONE NO. _____ 17. FAX NO. _____ 18. E-MAIL ADDRESS _____ 19. AGENCY EMPLOYED _____ 20. N/A	
15. SOCIAL NO.	34-8706299-0	16. PHONE NO. _____ 17. FAX NO. _____ 18. E-MAIL ADDRESS _____ 19. AGENCY EMPLOYED _____ 20. N/A	
16. PHONE NO.	759-521-360-600	17. FAX NO. _____ 18. E-MAIL ADDRESS _____ 19. AGENCY EMPLOYED _____ 20. N/A	
17. FAX NO.	N/A	18. E-MAIL ADDRESS _____ 19. AGENCY EMPLOYED _____ 20. N/A	
18. E-MAIL ADDRESS	N/A	19. AGENCY EMPLOYED _____ 20. N/A	
19. AGENCY EMPLOYED	N/A	20. N/A	

II. FAMILY INFORMATION

21. SPOUSED SURNAME	N/A	22. NAME of CHILDREN (Please list name and sex)	DATE OF BIRTH (month/year)
FIRST NAME	N/A	NAME of CHILDREN (Please list name and sex)	N/A
MIDDLE NAME	N/A	NAME of CHILDREN (Please list name and sex)	N/A
OCCUPATION	N/A	NAME of CHILDREN (Please list name and sex)	N/A
EDUCATIONAL STATUS	N/A	NAME of CHILDREN (Please list name and sex)	N/A
RESIDENT ADDRESS	N/A	NAME of CHILDREN (Please list name and sex)	N/A
ON EMPLOYMENT	N/A	NAME of CHILDREN (Please list name and sex)	N/A
23. 1st SPOUSE SURNAME	GALISIM	24. 1st SPOUSE FIRST NAME	ANGEL
23. 1st SPOUSE MIDDLE NAME	SAMAS	24. 1st SPOUSE MIDDLE NAME	SAMAS
25. 2nd SPOUSE SURNAME	GALISIM	26. 2nd SPOUSE FIRST NAME	VIOLETA
25. 2nd SPOUSE MIDDLE NAME	CALAPTE	26. 2nd SPOUSE MIDDLE NAME	CALAPTE

III. EDUCATIONAL BACKGROUND

27. GRADE	NAME OF SCHOOL (Please print)	DATE OF GRADUATION (Please print)	PERCENT OF ATTENDANCE		HIGHEST LEVEL/ LASTS EXAMINATIONS (If not graduated)	YEAR GRADUATED	AGENCY AWARD/ ACHIEVEMENT RECORD
			Pass	Fail			
ELEMENTARY	BALOCAN ELEMENTARY SCHOOL	2005	100%	0%	N/A	2011	500 BIRTHDAY
SECONDARY	BALOCAN NATIONAL HIGH SCHOOL	2010	100%	0%	N/A	2015	NA
VOCATIONAL / TRADE COURSE	N/A	N/A	N/A	N/A	N/A	N/A	N/A
COLLEGE	VILAYAS STATE UNIVERSITY	2014	100%	0%	N/A	2019	NA
UNIVERSITY STUDENT	N/A	N/A	N/A	N/A	N/A	N/A	N/A

SIGNATURE	DATE
<i>[Signature]</i>	July 3, 2021