

# PERSONAL DATA SHEET

**WARNING:** Any misrepresentation made in the Personal Data Sheet and the Work Experience Sheet shall cause the filing of administrative/criminal cases 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 Form

(Don't Blip For CSC use only)

## I. PERSONAL INFORMATION

2. SURNAME	GILOS																
FIRST NAME	KARL VINCENT	NAME EXTENSION (JR., SR.)															
MIDDLE NAME	DELALAMON																
3. DATE OF BIRTH (mm/dd/yyyy)	2/13/1999	11. CITIZENSHIP	<input checked="" type="checkbox"/> Filipino <input type="checkbox"/> Dual Citizenship <input type="checkbox"/> by birth <input type="checkbox"/> by naturalization Please indicate country: _____														
4. PLACE OF BIRTH	CEBU CITY, CEBU	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	<table border="1"> <tr> <td>APARTMENT, 30</td> <td>KILBOURNE</td> </tr> <tr> <td>Household No.</td> <td>Street</td> </tr> <tr> <td>VISAYAS STATE UNIVERSITY LOYER CAMPUS</td> <td>PANGASUGAN</td> </tr> <tr> <td>Subdivided Village</td> <td>Barangay</td> </tr> <tr> <td>DAYDAY CITY</td> <td>LEYTE</td> </tr> <tr> <td>City/Municipality</td> <td>Province</td> </tr> <tr> <td colspan="2">ZIP CODE 6201</td> </tr> </table>	APARTMENT, 30	KILBOURNE	Household No.	Street	VISAYAS STATE UNIVERSITY LOYER CAMPUS	PANGASUGAN	Subdivided Village	Barangay	DAYDAY CITY	LEYTE	City/Municipality	Province	ZIP CODE 6201	
APARTMENT, 30	KILBOURNE																
Household No.	Street																
VISAYAS STATE UNIVERSITY LOYER CAMPUS	PANGASUGAN																
Subdivided Village	Barangay																
DAYDAY CITY	LEYTE																
City/Municipality	Province																
ZIP CODE 6201																	
7. HEIGHT (m)	1.81m	18. PERMANENT ADDRESS	<table border="1"> <tr> <td>APARTMENT, 20</td> <td>KILBOURNE</td> </tr> <tr> <td>Household No.</td> <td>Street</td> </tr> <tr> <td>VISAYAS STATE UNIVERSITY LOYER CAMPUS</td> <td>PANGASUGAN</td> </tr> <tr> <td>Subdivided Village</td> <td>Barangay</td> </tr> <tr> <td>DAYDAY CITY</td> <td>LEYTE</td> </tr> <tr> <td>City/Municipality</td> <td>Province</td> </tr> <tr> <td colspan="2">ZIP CODE 6202</td> </tr> </table>	APARTMENT, 20	KILBOURNE	Household No.	Street	VISAYAS STATE UNIVERSITY LOYER CAMPUS	PANGASUGAN	Subdivided Village	Barangay	DAYDAY CITY	LEYTE	City/Municipality	Province	ZIP CODE 6202	
APARTMENT, 20	KILBOURNE																
Household No.	Street																
VISAYAS STATE UNIVERSITY LOYER CAMPUS	PANGASUGAN																
Subdivided Village	Barangay																
DAYDAY CITY	LEYTE																
City/Municipality	Province																
ZIP CODE 6202																	
8. WEIGHT (kg)	81 kg	19. TELEPHONE NO.	NA														
9. BLOOD TYPE	O+	20. MOBILE NO.	+63991618124														
10. OSS ID NO.	N/A	21. E-MAIL ADDRESS (if any)	karlvdgilos13@gmail.com														
11. PRC-REG ID NO.	121346401023																
12. PRC-VALTH ID NO.	13-25294030-4																
13. SSN NO.	06-4917490-1																
14. TIN NO.	654-310-741																
15. AGENCY EMPLOYEE NO.	N/A																


## II. FAMILY BACKGROUND

22. SPOUSE'S SURNAME	N/A		23. NAME of CHILDREN (Write full name and birth date)	DATE OF BIRTH (mm/dd/yyyy)
FIRST NAME	N/A	NAME EXTENSION (JR., SR.)	KARL VINCENT D. GILOS	2/13/1999
MIDDLE NAME	N/A		KIRSTEN MARIE D. GILOS	12/12/06
OCCUPATION	N/A		N/A	N/A
EMPLOYER/BUSINESS NAME	N/A		N/A	N/A
BUSINESS ADDRESS	N/A		N/A	N/A
TELEPHONE NO.	N/A		N/A	N/A
24. FATHER'S SURNAME	GILOS		N/A	N/A
FIRST NAME	VICENTE	NAME EXTENSION (JR., SR.)	N/A	N/A
MIDDLE NAME	AGUILAR		N/A	N/A
25. MOTHER'S MAIDEN NAME	DELALAMON		N/A	N/A
SURNAME	DELALAMON		N/A	N/A
FIRST NAME	MARIBETH		N/A	N/A
MIDDLE NAME	SAAVEDRA		(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	WORKSHEET/ACADEMIC RECORDS RECEIVED
			From	To			
ELEMENTARY	VBICA FOUNDATION ELEMENTARY SCHOOL	GRADE 1 - GRADE 6	2006	2012	N/A	2012	N/A
SECONDARY	VISAYAS STATE UNIVERSITY LABORATORY HIGH SCHOOL	1ST YEAR - 4TH YEAR	2012	2016	N/A	2016	N/A
VOCATIONAL / TRADE COURSE	DAYDAY TECHNICAL VOCATIONAL TRAINING CENTER	ENRICH ELECTRICAL INSTALLATION & MAINTENANCE	2024	2025	N/A	2025	N/A
COLLEGE	VISAYAS STATE UNIVERSITY	BACHELOR OF SCIENCE IN MECHANICAL ENGINEERING	2018	2023	N/A	2023	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	4/9/2025
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27	CAREER SERVICE/ RA 1081 (POWER SAW) UNDER SPECIAL LAWS/ CEM/ CSE/ BARANGAY LUGGER/ FORMER L's LICENSE	DATING (F Application)	DATE OF EXAMINATION / CONFIRMENT	PLACE OF EXAMINATION / CONFIRMENT	LICENSE (if applicable)	
					NUMBER	Date of Validity
	RA 1080 PRC MECHANICAL ENGINEERING LICENSE EXAMINATION /MELE/	7B.9	250/2024	CEBU CITY, CEBU	0123957	2/13/2027
	DRIVER'S LICENSE - A,A1,B	N/A	7/17/2020	BAYBAY CITY, LEYTE	H12-20-002358	2/13/2025
	N/A	N/A	N/A	N/A	N/A	N/A
	N/A	N/A	N/A	N/A	N/A	N/A
	N/A	N/A	N/A	N/A	N/A	N/A
	N/A	N/A	N/A	N/A	N/A	N/A
	N/A	N/A	N/A	N/A	N/A	N/A

#### V. WORK EXPERIENCE

[illegible]

SIGNATURE		N/A	4/5/2023
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457025



NAME & ADDRESS OF ORGANIZATION  
(Print in full)

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	TITLE OF LEARNING AND DEVELOPMENT INTERVENTION/TRAINING PROGRAMS (Write in full)
30.	

(Continued on opposite side of page)

21	SPECIAL SALES and HOBBIES
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(Continued on separate sheet if necessary)

4/5/2015

<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 style="text-align: center;">N/A</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 style="text-align: center;">N/A</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 style="text-align: center;">N/A</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 style="text-align: center;">N/A</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 checked="" type="checkbox"/> YES      <input type="checkbox"/> NO</p> <p>If YES, give details: _____</p> <p style="text-align: center;">I RESIGNED MY PREVIOUS JOB</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 style="text-align: center;">N/A</p> <p><input type="checkbox"/> YES      <input checked="" type="checkbox"/> NO</p> <p>If YES, give details: _____</p> <p style="text-align: center;">N/A</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 style="text-align: center;">N/A</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 style="text-align: center;">N/A</p> <p><input type="checkbox"/> YES      <input checked="" type="checkbox"/> NO</p> <p>If YES, please specify ID No.: _____</p> <p style="text-align: center;">N/A</p> <p><input type="checkbox"/> YES      <input checked="" type="checkbox"/> NO</p> <p>If YES, please specify: _____</p> <p style="text-align: center;">N/A</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>TYLO JUNIOR VAN STEENHUYSE</td> <td>BRGY. GABAS, BAYBAY CITY, LEYTE</td> <td>9682598864</td> </tr> <tr> <td>N/A</td> <td>N/A</td> <td>N/A</td> </tr> <tr> <td>N/A</td> <td>N/A</td> <td>N/A</td> </tr> </tbody> </table>		NAME	ADDRESS	TEL. NO.	TYLO JUNIOR VAN STEENHUYSE	BRGY. GABAS, BAYBAY CITY, LEYTE	9682598864	N/A	N/A	N/A	N/A	N/A	N/A
NAME	ADDRESS	TEL. NO.											
TYLO JUNIOR VAN STEENHUYSE	BRGY. GABAS, BAYBAY CITY, LEYTE	9682598864											
N/A	N/A	N/A											
N/A	N/A	N/A											
<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 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.</p>													
<p>Government issued ID (e.g. Passport, DMV, PRC, Driver's License, etc.)</p> <p>PLEASE INDICATE ID Number and Date of Issuance</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">Government issued ID</td> <td style="width: 50%;">PRC LICENSE</td> </tr> <tr> <td>ID/License/Passport No.</td> <td>0123957</td> </tr> <tr> <td>Date/Place of Issuance</td> <td>05/07/2024</td> </tr> </table>	Government issued ID	PRC LICENSE	ID/License/Passport No.	0123957	Date/Place of Issuance	05/07/2024	<div style="text-align: center;">         Signature (Sign inside the box)        4/5/2025        Date Accepted/Valid     </div> <div style="text-align: center;">         Right Thumbprint     </div>						
Government issued ID	PRC LICENSE												
ID/License/Passport No.	0123957												
Date/Place of Issuance	05/07/2024												
<p>SUBSCRIBED AND SWORN to before me this <u>JUN 13 2025</u> at <u>LEYTE</u>, Philippines.</p> <p style="text-align: right;">Notary Public for the Province of Leyte, Civil Registrar</p> <div style="border: 1px solid black; padding: 5px; text-align: center;">       Notarial Commission No. B-25-1247        Until December 31, 2025        MCLE Compliance No. VID-001146 Valid until April 14, 2026        PTR No. B032451 01/02/25        BRFOR No. 42754101/02/25        Person Admin. No. 594-428-029        Date of Birth: 01/01/1981     </div>													



Right Thumbprint