CS Form No. 212 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 concerned. READ THE ATTACHED GUIDE TO FILLING OUT THE PERSONAL DATA SHEET (PDS) BEFORE ACCOMPLISHING THE PDS FORM. 1. CS ID No. (Do not fill up. For CSC use only) Print legibly. Tick appropriate boxes () and use separate sheet if necessary. Indicate N/A if not applicable. DO NOT ABBREVIATE. 2. SURNAME **GALLEGO** NAME EXTENSION (JR., SR) FIRST NAME WILMA MIDDLE NAME BONGOT 3. DATE OF BIRTH 7/22/1995 16. CITIZENSHIP ✓ Filipino Dual Citizenship (mm/dd/yyyy) $\ensuremath{ ullet}$ by birth $\ensuremath{ igsquare$ by naturalization 4. PLACE OF BIRTH **CEBU CITY** If holder of dual citizenship, Pls. indicate country: please indicate the details. ✓ Female 5. SEX Male LOWER 17. RESIDENTIAL ADDRESS Single ✓ Married 6 CIVIL STATUS House/Block/Lot No. Street Separated Widowed BUENAVISTA Other/s: Subdivision/Village Barangay CITY OF BAYBAY LEYTE 7. HEIGHT (m) City/Municipality Province 50 ZIP CODE 6521 8. WEIGHT (kg) 18. PERMANENT ADDRESS 9. BLOOD TYPE N/A House/Block/Lot No Street BUENAVISTA N/A 10. GSIS ID NO. Subdivision/Village Barangay CITY OF BAYBAY LEYTE 11. PAG-IBIG ID NO. 121162628206 City/Municipality 13-025161604-4 ZIP CODE 6521 12 PHILHEALTH NO 13. SSS NO. 19. TELEPHONE NO 14. TIN NO. 384-211-406-000 09463313999 20. MOBILE NO. bongotwilma@gmail.com 15. AGENCY EMPLOYEE NO 21. E-MAIL ADDRESS (if any) 22. SPOUSE'S SURNAME **GALLEGO** 23. NAME of CHILDREN (Write full name and list all) DATE OF BIRTH (mm/dd/yyyy) NAME EXTENSION (JR., SR) N/A N/A DAN EFRAIM FIRST NAME MIDDLE NAME COLON VSU - COSJOW - University Registrar OCCUPATION N/A EMPLOYER/BUSINESS NAME **BUSINESS ADDRESS** N/A N/A TELEPHONE NO. 24. FATHER'S SURNAME BONGOT NAME EXTENSION (JR., SR) WILLIAM FIRST NAME MIDDLE NAME **NAVARRO** 25. MOTHER'S MAIDEN NAME SURNAME ASIO FIRST NAME MARY JANE MALINOG (Continue on separate sheet if necessary) MIDDLE NAME

BASIC EDUCATION/DEGREE/COURSE (Write in full) Grade 1 - Grade 6	PERIOD OF	To	HIGHEST LEVEL/ UNITS EARNED (if not graduated)	YEAR GRADUATED	SCHOLARSHIP ACADEMIC HONORS RECEIVED
	50000		(it not graduated)		RECEIVED
	2000	0000		60)	RECEIVED
	2000 2006		N/A	2003	N/A
FRANCISCAN COLLEGE OF THE IMMACULATE CONCEPTION 1st Year - 4th Year 2007 2011		2011	N/A	2007	N/A
N/A	N/A	N/A	N/A	N/A	N/A
TE BACHELOR OF SCIENCE IN INFORMATION TECHNOLOGY	2016	2020	N/A	2001	UNIFAST
N/A	N/A N/A		N/A	N/A	N/A
(Continue on separate sheet if necessary)					
		N/A N/A (Continue on separate sheet if necessary)	N/A N/A N/A (Continue on separate sheet if necessary)	N/A N/A N/A N/A N/A (Continue on separate sheet if necessary)	N/A N/A N/A N/A N/A

SIGNATURE

DATE

CAREE	R SERVICE/ RA 1080 (I	BOARD/ BAR) UNDER	DATING	DATE OF				LICENSE (if ap	plicable)
	SPECIAL LAWS/ CES/ CSEE BARANGAY ELIGIBILITY / DRIVER'S LICENSE RATING (If Applicable) RATING (If Applicable) EXAMINATION / CONFERMENT			NUMBER D					
	CSE SUB-PROFES		83.26	AUG. 11, 2024	SAINT JOSEPH COLLEGE, MAASIN CITY,				Valid
	30E 30E-PROFES	SIONAL	03.20	AUG. 11, 2024	SOUTHERN LEYTE			N/A	N/A
	XPERIENCE	Start from your rocont		ntinue on separate sheet	if necessary) indicated in the attached				
. INCLU	SIVE DATES n/dd/yyyy)	POSITION TI (Write in full/Do not a	TLE	DEPARTMENT / AGE (Write in full.)	MONTHLY SALARY	SALARY/ JOB/ PAY GRADE (if applicable) & STEP (Format "00-0")/	STATUS OF APPOINTMENT	GOV SERVI	
From 7/1/2025	To PRESENT	CLERK		VOIL HAID ABOUT	HOTDATIVE OFFICE	40.000	INCREMENT		
7/17/2023	6/30/2025	CLERK			MISTRATIVE SERVICES	12,000.00	N/A	JOB ORDER	Y
4/27/2022	7/17/2023	ENCODE	R		AFFAIRS AND SERVICES AYBAY CITY LEYTE	9,000.00	N/A N/A	JOB ORDER	Y
2/14/2014	12/30/2015	SALESLADY/C/			AYBAY BRANCH	3,600.00	N/A	PERMANENT	N
			(Co	ntinue on separate sheet i	f necessary)				

NAME & ADDRESS OF	ORGANIZATION	INCLUSION	VE DATES		l/S	TOMAN CONTRACTOR OF THE STATE O
9. NAME & ADDRESS OF (Write in t		(mm/dd/yyyy)		NUMBER OF HOURS	POSITION / NATURE OF WORK	
SECULAR FRANCISCA	N ALLIANCE	2018	To 2019	N/A		VICE PRESIDENT
SECULAR FRANCISCA	N ALLIANCE	2017	2018	N/A		MEMBER
CYBER LOGIC SC		2016	2020	N/A		MEMBER
OT DER EGGIO SC	METT	2010	2020	N/A		MEMBER
II. LEARNING AND DEVELOPMENT (L&L			sheet if necessary TENDED			
00. TITLE OF LEARNING AND DEVELOPMENT IN (Write in 1	TERVENTIONS/TRAINING PROGRAMS	INCLUSIVE DATES OF ATTENDANCE (mm/dd/yyyy) From To		NUMBER OF HOURS	Type of LD (Managerial/ Supervisory/ Technical/etc)	CONDUCTED/ SPONSORED BY (Write in full)
rom Policy to Practice EODB, DPA of 2012, and	PIA Reorientation for VSU Personnel	7/29/2024	07/29/2024	4 hrs	E STANFOLD	Visayas State University
Seminar Workshop on Basic Records and	Archives Management (BRAM)	7/30/2024	07/31/2024	16 hrs		Visayas State University
Sparkling Spaces Mastering the	Art of Housekeeping	03/26/2024	03/26/2024	8 hrs		Visayas State University
HRIS Software Ont	poarding	12/6/2023	12/6/2023	4 hrs		Visayas State University
Unlocking Excellence: The 5S Revolution for University	Clerks and Heads at Visayas State	11/29/2023	11/29/2023	8 hrs		Visayas State University
ISO 9001:2015 Awareness & Re-awareness Webinar			08/29/2023	4 hrs		Visayas State University
Google Workplace for Education			08/20/2021	12 hrs		Visayas State University
						- 10 10 10 1
	1.3.50					
						AND THE RESERVE OF THE PERSON
						Annual Control of the
	(Cont	tinue on separate	sheet if necessary)		
III. OTHER INFORMATION						
31. SPECIAL SKILLS and HOBBIES	32. NON-		NCTIONS / RECOG e in full)	NITION	euronevik omobili omobili i i i i i i i i i i i i i i i i i i	33. MEMBERSHIP IN ASSOCIATION/ORGANI. (Write in full)
COMPUTER SKILLS		N/A				N/A
MICROSOFT OFFICE						
GOOGLE WORKPLACE						
BASIC PC TROUBLESHOOTING						
	Pare	linue on concrete	sheet If necessary			

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	e supervision over you in the Office,	10 m				
Bureau or Department where you will be apppointed,						
a. within the third degree?	YES NO					
b. within the fourth degree (for Local Government Unit - Car	☐ YES ☑ NO					
	If YES, give details:					
		in 120, give detaile.				
35. a. Have you ever been found guilty of any administrative of	iense?					
35. a. Flave you ever been found guilty of any authinistrative on	CHSC:	☐ YES ☑ NO				
		If YES, give details:				
h Have you have educinally should be for any or 40						
b. Have you been criminally charged before any court?		YES NO				
		If YES, give details:				
		Date Filed:				
	A STATE OF THE STA	Status of Case/s:				
36. Have you ever been convicted of any crime or violation of a	☐ YES ☑ NO					
any court or tribunal?		If YES, give details:				
		, ,				
27. However ever have consisted from the conducting and of the	- fall-size and a secional section of					
 Have you ever been separated from the service in any of the dropped from the rolls, dismissal, termination, end of term, 		YES NO				
in the public or private sector?	inished contract of phased out (abolition)	If YES, give details: RESIGNATION				
38. a. Have you ever been a candidate in a national or local ele Barangay election)?	ection neid within the last year (except	YES NO				
Barangay election)!		If YES, give details:				
b. Have you resigned from the government service during the	he three (3)-month period before the last	☐ YES ☑ NO				
election to promote/actively campaign for a national or local		If YES, give details:				
39. Have you acquired the status of an immigrant or permanen	t resident of another country?					
39. Have you acquired the status of an immigrant or permanen	resident of another country?	☐ YES ☑ 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)	, please answer the following items:					
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	t /appointee)					
NAME		TEL NO.				
IVAME	ADDRESS	TEL. NO.				
ATTY. RYSAN C. GUINOCOR	VISCA, BAYBAY CITY, LEYTE	917 312 6266				
ATTY, KAREN ABEGAIL S. MONTERON	DAVBAY CITY I FYTE	000 000 0544	The Artistan			
ATTI NAKEN ADEGAIL S. MONTERON	BAYBAY CITY, LEYTE	966 833 2544	(* K)			
SHEILA LEMOS	KILIM, BAYBAY CITY, LEYTE	917 328 8769				
42. I declare under oath that I have personally accomplishe	d this Personal Data Sheet which is a tr	ue, correct and				
complete statement pursuant to the provisions of pertir	nent laws, rules and regulations of the	Republic of the				
Philippines. I authorize the agency head/authorized repres	entative to verify/validate the contents state	ed herein.				
agree that any misrepresentation made in this docu	ument and its attachments shall caus	e the filing of	РНОТО			
administrative/criminal case/s against me.						
			A 100 Miles			
Government Issued ID (i.e.Passport, GSIS, SSS, PRC, Driver's License, etc.)						
PLEASE INDICATE ID Number and Date of Issuance	0.10					
Government Issued ID: PHILHEALTH	Games .					
ID/License/Passport No.: 13-025161604-4	201					
Date/Place of Issuance: BAYBAY CITY, LEYTE	Signature (Sign inside the b	JX)				
Dater lace of issuance. BATBAT CITT, LETTE	Date Accomplished		Right Thumbmark			
CLIDCODIDED AND OLIVODAY						
SUBSCRIBED AND SWORN to before me this	, affiant exhibiti	ng his/her validly issued government l	D as indicated above.			
_						
	Person Administering Oat	h				