

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	CAÑEZO		
FIRST NAME	XAVIERY RIC		NAME EXTENSION (JR., SR)
MIDDLE NAME	GALLOS		
3. DATE OF BIRTH (mm/dd/yyyy)	01/14/2000	16. CITIZENSHIP	<input 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	ORMOC CITY	If holder of dual citizenship, please indicate the details.	
5. SEX	<input type="checkbox"/> Male <input type="checkbox"/> Female		
6 CIVIL STATUS	<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Separated <input type="checkbox"/> Other/s:	17. RESIDENTIAL ADDRESS	521 PUROK TOSA House/Block/Lot No. Street TINAG-AN Subdivision/Village Barangay ALBUERA LEYTE City/Municipality Province
7. HEIGHT (m)	1.68		
8. WEIGHT (kg)	70	ZIP CODE	
9. BLOOD TYPE	O	18. PERMANENT ADDRESS	521 PUROK TOSA House/Block/Lot No. Street TINAG-AN Subdivision/Village Barangay ALBUERA LEYTE City/Municipality Province
10. GSIS ID NO.	N/A	ZIP CODE	6517
11. PAG-IBIG ID NO.	121309666187		
12. PHILHEALTH NO.	13-253399957-7		
13. SSS NO.	N/A	19. TELEPHONE NO.	
14. TIN NO.	617-494-506-0000	20. MOBILE NO.	0930 346 3204 TNT
15. AGENCY EMPLOYEE NO.	N/A	21. E-MAIL ADDRESS (if any)	xavieryricgalloscañezo@gmail.com

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	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	CAÑEZO			
FIRST NAME	RICARDO	NAME EXTENSION (JR., SR)		
MIDDLE NAME	MIDERA			
25. MOTHER'S MAIDEN NAME	ARMIDA DELACRUZ GALLOS			
SURNAME	GALLOS			
FIRST NAME	ARMIDA			
MIDDLE NAME	DELACRUZ		(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)	YEAR GRADUATED	SCHOLARSHIP/ ACADEMIC HONORS RECEIVED
			From	To			
ELEMENTARY	TINAG-AN ELEMENTARY SCHOOL	N/A	2006	2012	N/A	2012	N/A
SECONDARY	DAMULAAAN NATIONAL HIGH SCHOOL	N/A	2012	2018	N/A	2018	LEADERSHIP AWARD
VOCATIONAL / TRADE COURSE	N/A	N/A	N/A	N/A	N/A	N/A	N/A
COLLEGE	VISAYAS STATE UNIVERSITY	BACHELOR OF SECONDARY EDUCATION	2018	2022	174	2022	CUM LAUDE
GRADUATE STUDIES	N/A	N/A	N/A	N/A	N/A	N/A	N/A

(Continue on separate sheet if necessary)			
SIGNATURE	Type text here	DATE	July 10, 2025

VI. VOLUNTARY WORK OR INVOLVEMENT IN CIVIC / NON-GOVERNMENT / PEOPLE / VOLUNTARY ORGANIZATION/S						
29.	NAME & ADDRESS OF ORGANIZATION (Write in full)	INCLUSIVE DATES (mm/dd/yyyy)		NUMBER OF HOURS	POSITION / NATURE OF WORK	
		From	To			
	VISAYAS STATE UNIVERSITY INTERACT SOCIETY	N/A	N/A	N/A	PUBLIC INFORMATION OFFICER	
(Continue on separate sheet if necessary)						
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)						
30.	TITLE OF LEARNING AND DEVELOPMENT INTERVENTIONS/TRAINING PROGRAMS (Write in full)	INCLUSIVE DATES OF ATTENDANCE (mm/dd/yyyy)		NUMBER OF HOURS	Type of LD (Managerial/ Supervisory/ Technical/etc)	CONDUCTED/ SPONSORED BY (Write in full)
		From	To			
	DIGITAL STORY TELLING FOR PRIMARY LEVEL FOCUSING ON FARMING	11-03-2023	11-04-2023	16 HOURS	FOUNDATIONAL	VISAYAS STATE UNIVERSITY MAIN CAMPUS
	EXPLORATIONS ON RESEARCH AND THE LOCALCULTURE & ARTS	06-18-2023	06-19-2023	16 HOURS	FOUNDATIONAL	VISAYAS STATE UNIVERSITY MAIN CAMPUS
	INSTRUCTIONAL RESOURCES IN REMOTE LEARNING	11-19-2021	11-19-2021	7 HOURS	FOUNDATIONAL	VISAYAS STATE UNIVERSITY COLLEGE OF EDUCATION
	ASSESSMENT STRATEGIES IN FLEXIBLE LEARNING	10-14-2021	10-14-2021	7 HOURS	FOUNDATIONAL	VISAYAS STATE UNIVERSITY COLLEGE OF EDUCATION
	TEACHING IN THE NEW NORMAL	9-24-2021	9-24-2021	7 HOURS	FOUNDATIONAL	VISAYAS STATE UNIVERSITY COLLEGE OF EDUCATION
(Continue on separate sheet if necessary)						
VIII. OTHER INFORMATION						
31	SPECIAL SKILLS and HOBBIES	NON-ACADEMIC DISTINCTIONS / RECOGNITION (Write in full)			33.	MEMBERSHIP IN ASSOCIATION/ORGANIZATION (Write in full)
	LISTENING TO MUSIC	N/A				VISAYAS STATE UNIVERSITY INTERACT SOCIETY
	WATCHING DOCUMENTARY SHOWS	N/A				
	TRAVEL	N/A				
	READING BOOKS	N/A				
(Continue on separate sheet if necessary)						
SIGNATURE				DATE	July 10, 2025	

34. Are you related by consanguinity or affinity to the appointing or recommending authority, or to chief of bureau or office or to the person who has immediate supervision over you in the Bureau or Department where you will be appointed, a. within the third degree? b. within the fourth degree (for Local Government Unit - Career Employees)?		<div><input type="checkbox"/> YES<input checked="" type="checkbox"/> NO</div> <div><input type="checkbox"/> YES<input checked="" type="checkbox"/> NO</div> <div>If YES, give details: _____</div>	
35. a. Have you ever been found guilty of any administrative offense? b. Have you been criminally charged before any court?		<div><input type="checkbox"/> YES<input checked="" type="checkbox"/> NO</div> <div>If YES, give details: _____</div>	
		<div><input type="checkbox"/> YES<input checked="" type="checkbox"/> NO</div> <div>If YES, give details: Date Filed: _____ Status of Case/s: _____</div>	
36. Have you ever been convicted of any crime or violation of any law, decree, ordinance or regulation by any court or tribunal?		<div><input type="checkbox"/> YES<input checked="" type="checkbox"/> NO</div> <div>If YES, give details: _____</div>	
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?		<div><input type="checkbox"/> YES<input checked="" type="checkbox"/> NO</div> <div>If YES, give details: _____</div>	
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 promote/actively campaign for a national or local candidate?		<div><input type="checkbox"/> YES<input checked="" type="checkbox"/> NO</div> <div>If YES, give details: _____</div>	
		<div><input type="checkbox"/> YES<input checked="" type="checkbox"/> NO</div> <div>If YES, give details: _____</div>	
39. Have you acquired the status of an immigrant or permanent resident of another country?		<div><input type="checkbox"/> YES<input checked="" type="checkbox"/> NO</div> <div>If YES, give details (country): _____</div>	
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			
a. Are you a member of any indigenous group?		<div><input type="checkbox"/> YES<input checked="" type="checkbox"/> NO</div> <div>If YES, please specify: _____</div>	
b. Are you a person with disability?		<div><input type="checkbox"/> YES<input checked="" type="checkbox"/> NO</div> <div>If YES, please specify ID No: _____</div>	
c. Are you a solo parent?		<div><input type="checkbox"/> YES<input checked="" type="checkbox"/> NO</div> <div>If YES, please specify ID No: _____</div>	
41. REFERENCES (Person not related by consanguinity or affinity to applicant /appointee)			
NAME		ADDRESS	TEL. NO.
JAY C. BANSALE		VISAYAS STATE UNIVERSITY MAIN CAMPUS	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.			
<div>Government Issued ID (i.e.Passport, GSIS, SSS, PRC, Driver's License, etc.) PLEASE INDICATE ID Number and Date of Issuance</div> <div>Government Issued ID:</div> <div>ID/License/Passport No.:</div> <div>Date/Place of Issuance:</div>		<div></div> <div>Signature (Sign inside the box)</div> <div>JANUARY 15, 2024</div> <div>Date Accomplished</div>	
		<div></div> <div>Right Thumbmark</div>	
SUBSCRIBED AND SWORN to before me this _____, affiant exhibiting his/her validly issued government ID as indicated above.			
<div></div> <div>Person Administering Oath</div>			

