

## 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	ALAO		
FIRST NAME	KARLOS ANTON	NAME EXTENSION (JR, SR) N/A	
MIDDLE NAME	SORIA		
3. DATE OF BIRTH (mm/dd/yyyy)	3/13/1995	16. CITIZENSHIP	<input checked="" type="checkbox"/> Filipino <input type="checkbox"/> Dual Citizenship <input checked="" 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 type="checkbox"/> Single <input checked="" type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Separated <input type="checkbox"/> Other/s:	17. RESIDENTIAL ADDRESS	House/Block/Lot No. Street 241 Zone 1, Barangay Cogon Subdivision/Village Barangay BAYBAY LEYTE City/Municipality Province
7. HEIGHT (cm)	170.5	ZIP CODE	6521
8. WEIGHT (kg)	70 kg.	18. PERMANENT ADDRESS	House/Block/Lot No. Street 241 Zone 1, Barangay Cogon Subdivision/Village Barangay BAYBAY LEYTE City/Municipality Province
9. BLOOD TYPE	O	ZIP CODE	6521
10. GSIS ID NO.	N/A	19. TELEPHONE NO.	N/A
11. PAG-IBIG ID NO.	1212-7323-6718	20. MOBILE NO.	0953-886-1805
12. PHILHEALTH NO.	13-025559210-7	21. E-MAIL ADDRESS (if any)	alaokarlosanton13@gmail.com
13. SSS NO.	34-9591565-5		
14. TIN NO.	N/A		
15. AGENCY EMPLOYEE NO.	N/A		

## II. FAMILY BACKGROUND

22. SPOUSE'S SURNAME	ALAO		23. NAME OF CHILDREN (Write full name and list all)	DATE OF BIRTH (mm/dd/yyyy)
FIRST NAME	MARA	NAME EXTENSION (JR, SR) N/A	LUISA FAITH MARIE M. ALAO	5/31/2019
MIDDLE NAME	MONTAJES		KARA AMAIA MARIE M. ALAO	9/13/2024
OCCUPATION	HOUSEWIFE		N/A	N/A
EMPLOYER/BUSINESS NAME			N/A	N/A
BUSINESS ADDRESS			N/A	N/A
TELEPHONE NO.			N/A	N/A
24. FATHER'S SURNAME	ALAO		N/A	N/A
FIRST NAME	CARLITO ANTONIO	JR	N/A	N/A
MIDDLE NAME	BANDALAN		N/A	N/A
25. MOTHER'S MAIDEN NAME			N/A	N/A
SURNAME	SORIA		N/A	N/A
FIRST NAME	FLOREFINA		N/A	N/A
MIDDLE NAME	MEMBREBE		(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	Baybay North Central School	Primary Education	2000	2006	Graduate	2006	N/A
SECONDARY	International Christian School	Secondary Education	2006	2010	Graduate	2010	Salutatorian
COLLEGE	University of Cebu	Bachelor of Science in Commerce	2010	2011	Undergraduate	2011	N/A
	Accedilla Technology Institute	Seafarer (vocational Course TESDA)	2011	2012	Graduate	2012	N/A
	University of Visayas	Bachelor of Science Marine Engineering	2012	2013	Undergraduate	2013	N/A
	Franciscan College of the Immaculate Conception	Bachelor of Secondary Education	2016	2020	Graduate	2020	N/A

(Continue on separate sheet if necessary)

SIGNATURE

DATE

28 MAR 2025



[illegible]

#### V. WORK EXPERIENCE

(Include private employment. Start from your recent work) Description of duties should be indicated in the attached Work Experience sheet.

[illegible]

SIGNATURE	<i>K. K. K.</i>	DATE	28 MAR 2023
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CS FORM 212 (Revised 2017) Page 2 of 4



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VII. LEARNING AND DEVELOPMENT (L&D) INTERVENTIONS/TRAINING PROGRAMS ATTENDED	
1. Name of the program	
2. Description of the program	
3. Date of attendance	
4. Location	
5. Duration	
6. Cost	
7. Sponsor	
8. Other information	

*Start from the most recent L&O training program and include only the relevant L&O training taken for the last five (5) years for Division Chief/Executive Managerial positions*

[illegible](Continue on separate sheet if necessary)[illegible]

Continued on separate sheet if necessary

28 MAR 2025



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.
PSSg. Fior Marijun S. Pontilla	Philippine National Police-Baybay City, Leyte	(0919)7907013
Mr. Romeo P. Alianza	Supervising Transportation Regulation Officer, Land Transportation Office-Baybay District	(0999)8928414
Hon. Teresita Pialago	Brgy. Captain, Brgy. Cogon, Baybay City, Leyte	(0967)7010968

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: **Passport**

ID/License/Passport No.: **P5354911C**

Date/Place of Issuance: **9/26/2023/DFA Tacloban City**

*[Signature]*

Signature (Sign inside the box)

**March 24, 2025**

Date Accomplished



Right Thumbmark

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

**ATTY. RYAN C. GUINOCOR**

Person Administering Oath