

# PERSONAL DATA SHEET

**WARNING: Any misinterpretation 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	MAGALLANO		
FIRST NAME	BENJIE	NAME EXTENSION (JR., SR)	
MIDDLE NAME	ASOY		
3. DATE OF BIRTH (mm/dd/yyyy)	02/26/1995	16. CITIZENSHIP	<input checked="" type="checkbox"/> Filipino <input type="checkbox"/> Dual Citizenship <input checked="" type="checkbox"/> by birth <input checked="" type="checkbox"/> by naturalization Pls. indicate country:
4. PLACE OF BIRTH	MAHAYAHAY, SAINT BERNARD, SO. LEYTE	If holder of dual citizenship, please indicate the details.	Philippines
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:		
7. HEIGHT (m)	1.52	17. RESIDENTIAL ADDRESS	House/Block/Lot No. Street MAHAYAHAY Subdivision/Village Barangay SAINT BERNARD, SOUTHERN LEYTE City/Municipality Province
8. WEIGHT (kg)	52	ZIP CODE	6616
9. BLOOD TYPE	O+	18. PERMANENT ADDRESS	House/Block/Lot No. Street MAHAYAHAY Subdivision/Village Barangay SAINT BERNARD, SOUTHERN LEYTE City/Municipality Province
10. GSIS ID NO.	N/A	ZIP CODE	6616
11. PAG-IBIG ID NO.	N/A	19. TELEPHONE NO.	N/A
12. PHILHEALTH NO.	13-025453158-9	20. MOBILE NO.	09238701171
13. SSS NO.	06-3925629-6	21. E-MAIL ADDRESS (if any)	benjieasoymagallano@gmail.com
14. TIN NO.	713-129-377		
15. AGENCY EMPLOYEE NO.	N/A		

## II. FAMILY BACKGROUND

22. SPOUSE'S SURNAME	N/A		23. NAME of CHILDREN (Write full name and list all)	
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	MAGALLANO			
FIRST NAME	PATRECIO	NAME EXTENSION (JR., SR)		
MIDDLE NAME	BAYLAN			
25. MOTHER'S MAIDEN NAME				
SURNAME	ASOY			
FIRST NAME	ELVIRA			
MIDDLE NAME	ANIANA			

(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	SCHOLARSHIP / ACADEMIC HONORS RECEIVED
			From	To			
ELEMENTARY	MAHAYAHAY ELEMENTARY SCHOOL	PRIMARY EDUCATION	2003	2008	ELEMENTARY GRADUATE	2008	WITH HONORS
SECONDARY	THE SISTERS OF MARY SCHOOL-BOYSTOWN, CEBU	HIGH SCHOOL	2008	2012	HIGH SCHOOL GRADUATE	2012	N/A
VOCATIONAL / TRADE COURSE	N/A	N/A	N/A	N/A	N/A	N/A	N/A
COLLEGE	VISAYAS STATE UNIVERSITY	BACHELOR OF SCIENCE IN AGRICULTURE	2012	2016	COLLEGE GRADUATE	2016	COLLEGE HONOR
GRADUATE STUDIES	N/A	N/A	N/A	N/A	N/A	N/A	N/A

(Continue on separate sheet if necessary)

SIGNATURE		DATE	7/27/2021
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[illegible]

(Continue on separate sheet if necessary)

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

[illegible]

(Continue on separate sheet if necessary)			

<b>SIGNATURE</b>		<b>DATE</b>	7/27/2021
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## VI. VOLUNTARY WORK OR INVOLVEMENT IN CIVIC / NON-GOVERNMENT / PEOPLE / VOLUNTARY ORGANIZATION/S

[illegible]

(Continue on separate sheet if necessary)

## VII. LEARNING AND DEVELOPMENT (L&D) INTERVENTIONS/TRAINING PROGRAMS ATTENDED

[illegible]

(Continue on separate sheet if necessary)

## VIII. OTHER INFORMATION

[illegible]

**(Continue on separate sheet if necessary)**

<b>SIGNATURE</b>		<b>DATE</b>	7/27/2021
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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?

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/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)?

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:

☐ 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?

b Are you a person with disability?

c Are you a solo parent?

☐ YES ☒ NO

If YES, please specify:

☐ YES ☒ NO

If YES, please specify ID No:

☐ YES ☒ NO

If YES, please specify ID No:

41. REFERENCES (Person not related by consanguinity or affinity to applicant /appointee)

NAME	ADDRESS	TEL. NO.
RAQUEL M. GORME	HIMATAGON, ST. BERNARD, SO. LEYTE	9305747244
HON. MANUEL O. CALAPRE	CATMON, ST. BERNARD, SO. LEYTE	9177261289
ERMA K. CAPILITAN, MAO	BOLODBOLOD, ST. BERNARD, SO. LEYTE	9772130271

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

Government Issued ID: **TIN ID**

ID/License/Passport No. **713-129-377**

Date/Place of Issuance: **12/15/2017- SAINT BERNARD**

Signature (Sign inside the box)

**JULY 27, 2021**

Date Accomplished

ID picture taken within the last 6 months 3.5 cm. X 4.5 cm (passport size)

With full and handwritten name tag and signature over printed name

Computer generated or photocopied picture is not acceptable

PHOTO

Right Thumbmark

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

Person Administering Oath

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