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 INFORMATI		N/A II not applicable. DO NO	I ADDREVIAT	<u> </u>	1. C3 ID NO	(DC	Thot iiii up. 1 of	CSC use only)	
2. SURNAME	MAGALLANO								
FIRST NAME	BENJIE					NAME EXTENSION	N (JR., SR)		
MIDDLE NAME	ASOY								
3. DATE OF BIRTH	02/26/1995	16. CITIZENSHIP				1			
(mm/dd/yyyy)	02/26/1000	10. 011 122.101 111		☐ Filipino ☐ Dual Citizenship☐ by birth ☐ by natu				alization	
4. PLACE OF BIRTH	MAHAYAHAY,SAINT BERNARD, SO.LEYTE	If holder of dual citize	nship,				ountry:		
5. SEX	✓ Male ☐ Female	please indicate the d	etails.	Philippines				_	
6 CIVIL STATUS	✓ Single	17. RESIDENTIAL ADDRESS	Ι						
O ONE OTHER	☐ Widowed ☐ Separated		House/Block/Lot No.		Street MAHAYAHAY				
	Other/s:			division/Village		Barangay			
7. HEIGHT (m)	1.52				INT BERNARD, S ty/Municipality			OUTHERN LEYTE Province	
8. WEIGHT (kg)	52	ZIP CODE	6616						
9. BLOOD TYPE	O+	18. PERMANENT ADDRESS	Hous	e/Block/Lot I	Vo.		Street		
10. GSIS ID NO.	N/A					M	IAHAYAHAY		
11. PAG-IBIG ID NO.	N/A		SAIN	division/Villag T BERNAR v/Municipality	D D		Barangay SOUTHERN LEYTE		
12. PHILHEALTH NO.	13-025453158-9	ZIP CODE	City/Municipality Province 6616			TTOVINGE			
13. SSS NO.	06-3925629-6	19. TELEPHONE NO.	N/A						
14. TIN NO.	713-129-377	20. MOBILE NO.	09238701171						
15. AGENCY EMPLOYEE NO.	N/A	21. E-MAIL ADDRESS (if any)	benjieaso	ymagalla	ano@gm	ail.com			
II. FAMILY BACKGROUNI									
22. SPOUSE'S SURNAME	N/A	NAME EXTENSION (ID. OD.)	23. NAME of C			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			(Con	tinue on sep	parate sheet if nece	essary)		
III. EDUCATIONAL BACK	GROUND								
26. LEVEL	NAME OF SCHOOL (Write in full)	BASIC EDUCATION/DEGRE (Write in full)	PERIOD OF ATTENDANCE From To		DANCE	HIGHEST LEVEL/ UNITS EARNED (if not graduated)	YEAR GRADUATE D	SCHOLARSHI P/ ACADEMIC HONORS RECEIVED	
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 SCIE AGRICULTURI		2012	2016	COLLEGE GRADUATE	2016	COLLEGE HONOR	
GRADUATE STUDIES	N/A	N/A		N/A	N/A	N/A	N/A	N/A	
	(Con	tinue on separate sheet if ne	cessary)						
SIGNATURE				DA	TE	7	7/27/2021		

27. CAREER SERVICE/ RA 1080 (BOARD/ BAR) UNDER SPECIAL LAWS/ CES/ CSEE (If Applicable) BARANGAY ELIGIBILITY / DRIVER'S LICENSE PRC ELIGIBILITY - LICENSED A GRICUTURIST 80.3 Oct. 19-21, 2016 SAINT PAUL SCHOOL OF PROFESSIONAL STUDIES, CAMPETIC, PALO LEYTE O026551 20/02/2 (Continue on separate sheet if necessary) V. WORK EXPERIENCE (Include private employment. Start from your recent work) Description of duties should be indicated in the attached Work Experience sheet. 80.3 Oct. 19-21, 2016 DEPARTMENT / AGENCY / OFFICE / COMPANY (Write in full/Do not abbreviate) DEPARTMENT / AGENCY / OFFICE / COMPANY (Write in full/Do not abbreviate) LICENSE (if applicable) NUMBER Valid Valid Valid Number) Date ONE SALARY AGENCY / OFFICE / COMPANY (Write in full/Do not abbreviate) LICENSE (if applicable) NUMBER Valid Number) Date One SALARY AGENCY / OFFICE / COMPANY (Write in full/Do not abbreviate) LICENSE (if applicable) NUMBER Valid Number) Date One SALARY AGENCY / OFFICE / COMPANY (Write in full/Do not abbreviate) LICENSE (if applicable) Number Valid Number) Department / AGENCY / OFFICE / COMPANY (Write in full/Do not abbreviate) LICENSE (if applicable) Number Valid Number) Date One SALARY AGENCY / OFFICE / COMPANY (Write in full/Do not abbreviate) SALARY AGENCY / OFFICE / COMPANY (Write in full/Do not abbreviate) AGRICUTURE OFFICE 4,500.00 N/A JOB ORDER YEARS / ACCOUNT / AGRICUTURE OFFICE / COMPANY (NYME) (AGRICUTURE OFFICE / COMPANY (NY	IV. CIVIL SI	ERVICE ELIC	GIBILITY							
MARCHAN MARC				RATING	DATE OF				LICENSE (if a	pplicable)
PRICE BLIGHT LICENSEED AGRICULTIVEST 80.3 Cot. 19-21, 2010 SANTI PAIL, SCIENCE OF PROPESSIONAL COURSE Cot. 19-21, 2010 Cot. 19-21	SPECIAL LAWS/ CES/ CSEE					PLACE OF EXAMINAT	TION / CONFE	RMENT	NUMBER	Date of
Columbia on Apparets should be all controlled Columbia on Apparets should be all controlled Columbia on Apparets Columbia on Appa				80.3		SAINT PAUL SCHOOL OF PROFESSIONAL			0026551	26/02/2020
V. WORK EXPERIENCE						3 TODIES, CAIVIFE	IIIO, FALO L			
V. WORK EXPERIENCE Included private and employment, start from your recent work) Description of duties should be indicated in the attached Work Experience abect.										
V. WORK EXPERIENCE Included private and employment, start from your recent work) Description of duties should be indicated in the attached Work Experience abect.										
V. WORK EXPERIENCE Included private and employment, start from your recent work) Description of duties should be indicated in the attached Work Experience abect.										
V. WORK EXPERIENCE										
V. WORK EXPERIENCE										
V. WORK EXPERIENCE Included private and employment, start from your recent work) Description of duties should be indicated in the attached Work Experience abect.										
V. WORK EXPERIENCE Included private and employment, start from your recent work) Description of duties should be indicated in the attached Work Experience abect.				(Conti	nue on separate sheet	if necessary)				
POSITION TILE COMBANY MAINTEN	V. WORK E	EXPERIENC	=	(Contra	nue en separate sneet	n necessary)				
Part			ent. Start from your red	ent work) Descrip	otion of duties shou	uld be indicated in the	attached Wo	SALARY/ JOB/	ce sheet.	
To	20.							applicable)&		GOV'T SERVICE
22/12/15 0.50/12/15 AGRICULTURE OFFICER 4.50/15/15 1.50/	From	То	(Write in full/Do not	abbreviate)	(Write in full/I	Do not abbreviate)	SALARY	"00-0")/	APPOINTMENT	(Y/ N)
6/13/2018	2/27/2016	03/07/2017	A GRICUTURAL TECHNIC	CIAN- JOB ORDER			4,500.00	N/A	JOB ORDER	YES
SIGNATURE DATE 7/27/2021	6/13/2018	4/30/2021	MICROFINANCE	OFFICER	İ		13,100.00	N/A	REGULAR	NO
SIGNATURE DATE 7/27/2021										
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SIGNATURE DATE 7/27/2021										
	000	TURE		(Conti	nue on separate sheet			7/0-	7/2024	
CS FORM 27) (Paviced 2017) Page 2.	SIGNA	TURE				DATE				Page 2 of 4

			/ / - / - / - / - / - / - / - / - /				
	NT IN CIVIC / NON-GOVERNMENT / PEOPLE / VOLUNTARY ORGANIZATION/S						
29. NAME & ADDRESS OF O (Write in full		INCLUSIV (mm/dd From		NUMBER OF HOURS	POSITION / NATURE OF WORK		
N/A		N/A	N/A	N/A		N/A	
AND DELETIONS AN		ue on separate					
VII. LEARNING AND DEVELOPMENT (L& (Start from the most recent L&D/training program a					Chief/Executive/	(Managerial positions)	
		INCLUSIVE DATES OF			Type of LD		
 TITLE OF LEARNING AND DEVELOPMENT INTE (Write in full) 		ATTEN (mm/dd		NUMBER OF HOURS	(Managerial/ Supervisory/	CONDUCTED/ SPONSORED BY (Write in full)	
(····· ·	,	From	То		Technical/etc)	(time in all)	
Attended the 5th National Hybrid Rice Techr	nology Forum	09/22/2017	09/22/2017	8 hours	Technical	DA-RFO8	
Attended the Valuing Lessons on Corn Prog	gram Implementation	09/07/2017	09/08/2017	24 hours	Technical	ATI-RTC8	
Short Training Courses on Marcotting and G Trees, Tube and Cleft Grafting of tomato, an		08/05/2015	08/07/2015	15 hours	Technical	DEPARTMENT OF HORTICULTURE, VISAYAS STATE UNIVERSITY	
	(Contin	uo on congreto	shoot if noccess	nd			
(Continue on separate sheet if necessary) VIII. OTHER INFORMATION							
31. SPECIAL SKILLS and HOBBIES	32. NON-AG	CADEMIC DISTIN (Write	CTIONS / RECO	GNITION		MEMBERSHIP IN 33. ASSOCIATION/ORGANIZATION (Write in full)	
Computer literate (Microsoft Word, Excel, & Power Point)	N/A				N/A		
,							
	(Contin	ue on separate :	sheet if necessa	ry)			
SIGNATURE	, comm	- Copurate			ATE	7/27/2021	
	<u> </u>					CS FORM 212 (Revised 2017), Page 3 of 4	

34. Are you related by consanguinity or affinity to the appoin chief of bureau or office or to the person who has immed Bureau or Department where you will be apppointed, a. within the third degree?		7 NO				
b. within the fourth degree (for Local Government Unit - 0		✓ NO ✓ NO :				
35. a. Have you ever been found guilty of any administrative	☐ 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 regulation by any court or tribunal?	☐ YES ☑ NO If YES, give details:					
37. Have you ever been separated from the service in any retirement, dropped from the rolls, dismissal, termination, out (abolition) in the public or private sector?	end of term, finished contract or phased	☐ YES ☑ NO If YES, give details:				
38. a. Have you ever been a candidate in a national or loca Barangay election)?	I election held within the last year (except	☐ YES ☑ NO If YES, give details:				
b. Have you resigned from the government service duri last election to promote/actively campaign for a national o	• , , ,	☐ YES ☑ NO If YES, give details:				
39. Have you acquired the status of an immigrant or perman	Have you acquired the status of an immigrant or permanent resident of another country?					
 Pursuant to: (a) Indigenous People's Act (RA 8371); (b) 7277); and (c) Solo Parents Welfare Act of 2000 (RA 89 						
a Are you a member of any indigenous group?						
ь Are you a person with disability?	Are you a person with disability?					
c Are you a solo parent?	Are you a solo parent?					
41. REFERENCES (Person not related by consanguinity or affinity	to applicant /appointee)					
NAME	ADDRESS	TEL. NO.	ID picture taken within			
RAQUEL M. GORME	HIMATAGON, ST. BERNARD, SO. LEYTE	9305747244	the last 6 months 3.5 cm. X 4.5 cm (passport size)			
HON. MANUEL O. CALAPRE	CATMON, ST. BERNARD, SO. LEYTE	9177261289	With full and handwritten name tag and signature over			
ERMA K. CAPILITAN, MAO	BOLODBOLOD, ST. BERNARD, SO. LEYTE	9772130271	printed name Computer generated			
42. I declare under oath that I have personally accomplish complete statement pursuant to the provisions of per Philippines. I authorize the agency head/authorized re I agree that any misrepresentation made in this administrative/criminal case/s against me.	tinent laws, rules and regulations of the lepresentative to verify/validate the contents	Republic of the stated herein.	or photocopied picture is not acceptable PHOTO			
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 t JULY 27, 2021 Date Accomplished	pox)	Right Thumbmark			
SUBSCRIBED AND SWORN to before me this	, affiant ext		ued government ID as indicated above.			