

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 if accomplished through own handwriting. Tick appropriate boxes ( ) and use separate sheet if necessary. Indicate N/A if not applicable. DO NOT ABBREVIATE.

I. PERSONAL INFORMATION

1. SURNAME	ALVERO		
2. FIRST NAME	MASON GYLLE	NAME EXTENSION (JR., SR)	
MIDDLE NAME	CAMPAÑA		
3. DATE OF BIRTH (dd/mm/yyyy)	9/19/2000	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	ABUYOG, LEYTE	If holder of dual citizenship, please indicate the details.	
5. SEX AT BIRTH	<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:	17. RESIDENTIAL ADDRESS	NUEVA STREET House/Block/Lot No. Street BUNTAY Subdivision/Village Barangay ABUYOG LEYTE City/Municipality Province 6510
7. HEIGHT (m)	1.68	ZIP CODE	18. PERMANENT ADDRESS
8. WEIGHT (kg)	64 kg		NUEVA STREET House/Block/Lot No. Street BUNTAY Subdivision/Village Barangay ABUYOG LEYTE City/Municipality Province 6510
9. BLOOD TYPE	O	ZIP CODE	19. TELEPHONE NO.
10. UMID ID NO.			
11. PAG-IBIG ID NO.	121371833999		20. MOBILE NO.
12. PHILHEALTH NO.	132502330482		+63 966 833 5514
13. PhilSys Number (PSN):	5768-7513-2042-7026	21. E-MAIL ADDRESS (if any)	masongylle@gmail.com
14. TIN NO.			
15. AGENCY EMPLOYEE NO.			

II. FAMILY BACKGROUND

22. SPOUSE'S SURNAME		23. NAME of CHILDREN (Write full name and list all)	DATE OF BIRTH (dd/mm/yyyy)
FIRST NAME		NAME EXTENSION (JR., SR)	
MIDDLE NAME			
OCCUPATION			
EMPLOYER/BUSINESS NAME			
BUSINESS ADDRESS			
TELEPHONE NO.			
24. FATHER'S SURNAME	ALVERO		
FIRST NAME	RICHARD	NAME EXTENSION (JR., SR) II	
MIDDLE NAME	PALERO		
25. MOTHER'S MAIDEN NAME			
SURNAME	CAMPAÑA		
FIRST NAME	CAROL		
MIDDLE NAME	TUSCANO	(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	GABALDON CENTRAL SCHOOL	ELEMENTARY GRADUATE	6/4/2007	3/22/2013		2013	
SECONDARY	NOTRE DAME OF ABUYOG, INC	SENIOR HIGH SCHOOL GRADUATE	6/3/2013	4/5/2019		2019	
VOCATIONAL / TRADE COURSE							
COLLEGE	SAINT PAUL SCHOOL OF PROFESSIONAL STUDIES	BACHELOR OF SCIENCE IN BUSINESS ADMINISTRATION MAJOR IN MARKETING MANAGEMENT	7/4/2021	5/3/2025		2025	
GRADUATE STUDIES							
(Continue on separate sheet if necessary)							
SIGNATURE			DATE		NOVEMBER 16, 2025		

#### IV. CIVIL SERVICE ELIGIBILITY

[illegible]

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

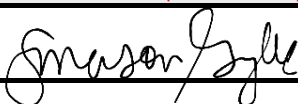
## V. WORK EXPERIENCE





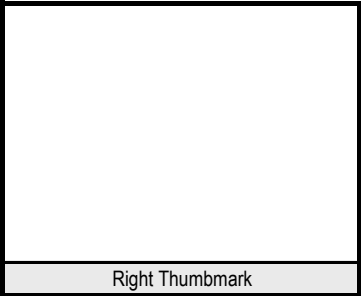

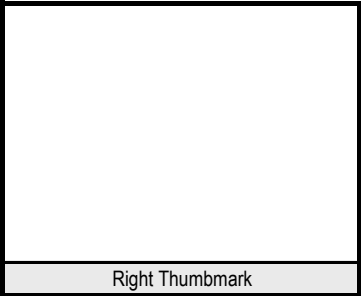

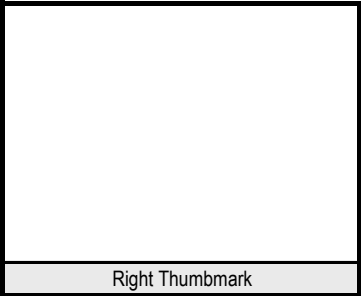
*(Include private employment. Start from your recent work.) Description of duties should be indicated in the attached Work Experience Sheet.*

[illegible]

*(Continue on separate sheet if necessary)*

<b>SIGNATURE</b>		<b>DATE</b>	NOVEMBER 16, 2025
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VI. VOLUNTARY WORK OR INVOLVEMENT IN CIVIC / NON-GOVERNMENT / PEOPLE / VOLUNTARY ORGANIZATION/S						
29.	NAME & ADDRESS OF ORGANIZATION (Write in full)	INCLUSIVE DATES (dd/mm/yyyy)		NUMBER OF HOURS	POSITION / NATURE OF WORK	
		From	To			
(Continue on separate sheet if necessary)						
VII. LEARNING AND DEVELOPMENT (L&D) INTERVENTIONS/TRAINING PROGRAMS ATTENDED						
30.	TITLE OF LEARNING AND DEVELOPMENT INTERVENTIONS/TRAINING PROGRAMS (Write in full)	INCLUSIVE DATES OF ATTENDANCE (dd/mm/yyyy)		NUMBER OF HOURS	Type of L&D ( Managerial/ Supervisory/ Technical/etc)	CONDUCTED/ SPONSORED BY (Write in full)
		From	To			
	SKILLS ENHANCEMENT PROGRAM	7/4/2024	9/27/2024	20 HOURS	TECHNICAL SKILLLS	SAINT PAUL SCHOOL OF PROFESSIONAL STUDIES
(Continue on separate sheet if necessary)						
VIII. OTHER INFORMATION						
31.	SPECIAL SKILLS and HOBBIES	32. NON-ACADEMIC DISTINCTIONS / RECOGNITION (Write in full)			33. MEMBERSHIP IN ASSOCIATION/ORGANIZATION (Write in full)	
	TECHNICAL SKILLLS					
	INTERPERSONAL SKILLS					
	PROBLEM SOLVING					
	ADAPTABILITY					
	CREATIVITY					
(Continue on separate sheet if necessary)						
SIGNATURE				DATE	NOVEMBER 16, 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)?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES <input checked="" type="checkbox"/> 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?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If YES, give details: _____  <input type="checkbox"/> YES <input checked="" type="checkbox"/> 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?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> 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?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> 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?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If YES, give details: _____  <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If YES, give details: _____												
39. Have you acquired the status of an immigrant or permanent resident of another country?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If YES, give details (country): _____												
40. Pursuant to: (a) Indigenous People's Act (RA 8371); (b) Magna Carta for Disabled Persons (RA 7277, as amended); and (c) Expanded Solo Parents Welfare Act (RA 11861), 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?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If YES, please specify: _____  <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If YES, please specify ID No: _____  <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If YES, please specify ID No: _____												
41. REFERENCES (Person not related by consanguinity or affinity to applicant /appointee)													
<table><tr><td>NAME</td><td>OFFICE / RESIDENTIAL ADDRESS</td><td>CONTACT NO. AND/OR EMAIL</td></tr><tr><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td></tr></table>		NAME	OFFICE / RESIDENTIAL ADDRESS	CONTACT NO. AND/OR EMAIL									
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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.													
<table><tr><td>Government Issued ID (i.e.Passport, GSIS, SSS, PRC, Driver's License, etc.) PLEASE INDICATE ID Number and Date of Issuance</td></tr><tr><td>Government Issued ID: <b>PHILIPPINE IDENTIFICATION CARD</b></td></tr><tr><td>ID/License/Passport No.: <b>5768-7513-2042-7026</b></td></tr><tr><td>Date/Place of Issuance: <b>JULY 12, 2022</b></td></tr></table>	Government Issued ID (i.e.Passport, GSIS, SSS, PRC, Driver's License, etc.) PLEASE INDICATE ID Number and Date of Issuance	Government Issued ID: <b>PHILIPPINE IDENTIFICATION CARD</b>	ID/License/Passport No.: <b>5768-7513-2042-7026</b>	Date/Place of Issuance: <b>JULY 12, 2022</b>	<table><tr><td> Signature (Sign inside the box) <b>NOVEMBER 16, 2025</b> Date Accomplished</td></tr></table>	 Signature (Sign inside the box) <b>NOVEMBER 16, 2025</b> Date Accomplished							
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SUBSCRIBED AND SWORN to before me this _____, affiant exhibiting his/her validly issued government ID as indicated above.													
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