

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.

I. PERSONAL INFORMATION			
2. SURNAME	ALAO		
FIRST NAME	VIRGELIO	NAME EXTENSION (JR., SR)	
MIDDLE NAME	MONTER		
3. DATE OF BIRTH (mm/dd/yyyy)	02/12/1986	16. CITIZENSHIP	<input checked="" type="checkbox"/> Filipino <input type="checkbox"/> Dual Citizenship
4. PLACE OF BIRTH	BALUGO, ALBUERA, LEYTE	If holder of dual citizenship, please indicate the details.	<input type="checkbox"/> by birth <input type="checkbox"/> by naturalization
5. SEX	<input checked="" type="checkbox"/> Male <input type="checkbox"/> Female		Pls. indicate country:
6. CIVIL STATUS	<input type="checkbox"/> Single <input checked="" type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Other/s:	17. RESIDENTIAL ADDRESS	
7. HEIGHT (m)	1.64	ZIP CODE	House/Block/Lot No. Street
8. WEIGHT (kg)	75		GABAS
9. BLOOD TYPE	B		Subdivision/Village Barangay
10. GSIS ID NO.	02004045300		BAYBAY LEYTE
11. PAG-IBIG ID NO.	121006608350	City/Municipality Province	
12. PHILHEALTH NO.	132018787249	ZIP CODE	6521
13. SSS NO.	0627018420	18. PERMANENT ADDRESS	
14. TIN NO.	946087052	ZIP CODE	House/Block/Lot No. Street
15. AGENCY EMPLOYEE NO.	-----		BALUGO
			Subdivision/Village Barangay
			ALBUERA LEYTE
		City/Municipality Province	
		ZIP CODE	6542
		19. TELEPHONE NO.	NONE
		20. MOBILE NO.	+639102000484
		21. E-MAIL ADDRESS (if any)	virgilmonter@gmail.com

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	AILEEN	NAME EXTENSION (JR., SR)	PRINCESS VHERLYN M. ALAO
MIDDLE NAME	MALINAO		04/11/2019
OCCUPATION	HOUSEWIFE		-----Nothing follows-----
EMPLOYER/BUSINESS NAME			
BUSINESS ADDRESS			
TELEPHONE NO.			
24. FATHER'S SURNAME	ALAO		
FIRST NAME	VICENTE, SR. (DECEASED)	NAME EXTENSION (JR., SR)	
MIDDLE NAME	ACOMPAÑADO		
25. MOTHER'S MAIDEN NAME			
SURNAME	MONTER		
FIRST NAME	JOSEFINA		
MIDDLE NAME	BITONIO		
(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	BALUGO ELEMENTARY SCHOOL	PRIMARY SCHOOL	1992	1998		1998	
SECONDARY	BALUGO NATIONAL HIGH SCHOOL	HIGH SCHOOL	1998	2002		2002	SALUTATORIAN
VOCATIONAL / TRADE COURSE	NONE						
COLLEGE	VISAYAS STATE UNIVERSITY (FORMERLY LEYTE STATE UNIVERSITY)	BACHELOR OF SCIENCE IN STATISTICS	2003	2007		2007	COLLEGE SCHOLARSHIP
GRADUATE STUDIES	UNIVERSITY OF THE PHILIPPINES, DILIMAN CEBU NORMAL UNIVERSITY	MASTER OF SCIENCE IN STATISTICS MASTER OF SCIENCE IN MATHEMATICS	2013 2010	2015 2012	38 UNITS 30 UNITS W/ COMPRE EXAM	2015 CANDIDATE	CHED-HEDP-FDP NONE
(Continue on separate sheet if necessary)							

SIGNATURE		DATE	07/09/2019	CS FORM 212 (Revised 2017), Page 1 of 4
-----------	--	------	------------	---

[illegible]

V. WORK EXPERIENCE

[illegible]

SIGNATURE		DATE	07/09/2019	CS FORM 212 (Revised 2017), Page 2 of 4
-----------	---	------	------------	---

VI. VOLUNTARY WORK OR INVOLVEMENT IN CIVIC / NON-GOVERNMENT / PEOPLE / VOLUNTARY ORGANIZATION

29.	NAME & ADDRESS OF ORGANIZATION (Write in full)	INCLUSIVE DATES (mm/dd/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

(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			
	TRAINING COURSE ON BASIC STATISTICAL METHODS USING R COMMANDER	06/20/2019	06/21/2019	12.0	TECHNICAL	PHILIPPINE STATISTICAL RESEARCH AND TRAINING INSTITUTE (PSRTI)
	ANNUAL SENIOR HIGH RESEARCH CONGRESS	05/06/2019	05/09/2019	32.0	TECHNICAL	VISAYAS STATE UNIVERSITY (VSU)
	RETOOLING/CAPACITY BUILDING SEMINAR-WORKSHOP "EFFECTIVE FACILITATING SKILLS AND PROACTIVE INTERVENTION TECHNIQUES IN RESPONDING STUDENT-at-RISK SITUATIONS	11/26/2019	11/27/2019	16.0	TECHNICAL	VSU
	TRAIN THE TRAINERS PROGRAM	01/09/2018	01/12/2018	32.0	TECHNICAL	PSRTI
	SEMINAR-WORKSHOP ON CLASSIFICATION AND REGRESSION TREES	12/04/2107	12/06/2017	27.0	TECHNICAL	PHILIPPINE STATISTICAL ASSOCIATION - CENTRAL VISAYAS AND UNIVERITY OF THE
	RESEARCH CONFERENCE AND 2017 CONVENTION OF MATHEMATICAL SOCIETY OF THE PHILIPINES (MSP), REGIONS 10,12, AND ARMM	10/24/2017	10/26/2017	27.0	RESEARCH	MATHEMATICAL SOCIETY OF THE PHILIPPINES ,REGIONS 10, 12, AND ARMM
	TRAINING COURSE ON STATISTICAL DATA MANAGEMENT AND ANALYSIS USING MS EXCEL 2013 AND REPORT WRITING	10/09/2017	10/13/2017	40.0	TECHNICAL	VSU, PHILIPPINE STATISTICS AUTHORITY (PSA),AND PSRTI
	TRAINING OF TEACHERS IN STATISTICS AND PROBABILITY IN GRADE 11 IN THE SENIOR HIGH SCHOOL CURRICULUM	11/05/2016	11/27/2016	32.0	INSTRUCTION	VSU AND PSRTI
	22ND INTERNATIONAL CONFERENCE ON COMPUTATIONAL STATISTICS, AUDITORIUM/CONGRESS PALACE PRINCIPE FELIPE, OVIEDO, SPAIN	08/23/2016	08/26/2016	32.0	RESEARCH	UNIVERSITY OF OVIEDO, SPAIN & EUROPEAN REGIONAL SEC. OF IASC
	2016 MATHEMATICS TEACHERS ASSOCIATION OF THE PHILIPPINES-TERTIARY LEVEL (MTAP-TL) INTERNATIONAL CONVENTION	07/27/2016	07/29/2016	24.0	RESEARCH	MATHEMATICS TEACHERS ASSOCIATION OF THE PHILIPPINES-TERTIARY LEVEL
	19TH DE LA SALLE UNIVERSITY (DLSU) MATHEMATICS LECTURE SERIES	04/22/2016	04/23/2016	16.0	INSTRUCTION	DE LA SALLE UNIVERSITY, TAFT AVENUE, MANILA

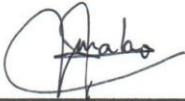
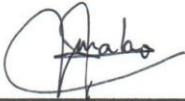
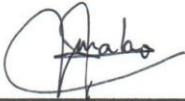




(Continue on separate sheet if necessary)

VIII. OTHER INFORMATION

31.	SPECIAL SKILLS and HOBBIES	32.	NON-ACADEMIC DISTINCTIONS / RECOGNITION (Write in full)	33.	MEMBERSHIP IN ASSOCIATION/ORGANIZATION (Write in full)
	ANALYZE STATISTICAL DATA				INTERNATIONAL STATISTICAL INSTITUTE
	SINGING				UNIVERSITY OF THE PHILIPPINES (UP) ALUMNI ASSOCIATION (UPAA)
	DANCING				VISAYAS STATE UNIVERSITY FACULTY ASSOCIATION (VSUFA)
	SPORTS				VISAYAS STATE UNIVERSITY ALUMNI ASSOCIATION
	PLANTING				

(Continue on separate sheet if necessary)

SIGNATURE		DATE	07/09/2019	CS FORM 212 (Revised 2017), Page 3 of 4
-----------	---	------	------------	---

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 checked="" type="checkbox"/> YES <input type="checkbox"/> NO If YES, give details: RESIGNATION AT TAYTAY SA KAUSWAGAN, INC. _____																
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); 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?	<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><thead><tr><th>NAME</th><th>ADDRESS</th><th>TEL. NO.</th></tr></thead><tbody><tr><td>DR. NORBERTO E. MILLA</td><td>VISCA, BAYBAY CITY, LEYTE</td><td>09358590890</td></tr><tr><td>DR. JACQUELINE M. GUARTE</td><td>VISCA, BAYBAY CITY, LEYTE</td><td>09164057852</td></tr><tr><td>PROF. MA. NENA Q. RAMOS</td><td>BRGY. GUADALUPE, BAYBAY CITY, LEYTE</td><td>09261731077</td></tr></tbody></table>		NAME	ADDRESS	TEL. NO.	DR. NORBERTO E. MILLA	VISCA, BAYBAY CITY, LEYTE	09358590890	DR. JACQUELINE M. GUARTE	VISCA, BAYBAY CITY, LEYTE	09164057852	PROF. MA. NENA Q. RAMOS	BRGY. GUADALUPE, BAYBAY CITY, LEYTE	09261731077				
NAME	ADDRESS	TEL. NO.															
DR. NORBERTO E. MILLA	VISCA, BAYBAY CITY, LEYTE	09358590890															
DR. JACQUELINE M. GUARTE	VISCA, BAYBAY CITY, LEYTE	09164057852															
PROF. MA. NENA Q. RAMOS	BRGY. GUADALUPE, BAYBAY CITY, LEYTE	09261731077															
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 colspan="2">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:</td><td>TIN</td></tr><tr><td>ID/License/Passport No.:</td><td>946087052</td></tr><tr><td>Date/Place of Issuance:</td><td>07/31/2007, ORMOC CITY</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:	TIN	ID/License/Passport No.:	946087052	Date/Place of Issuance:	07/31/2007, ORMOC CITY	<table><tr><td colspan="2"></td></tr><tr><td colspan="2">Signature (Sign inside the box)</td></tr><tr><td colspan="2">07/09/2019</td></tr><tr><td colspan="2">Date Accomplished</td></tr></table>			Signature (Sign inside the box)		07/09/2019		Date Accomplished	
Government Issued ID (i.e. Passport, GSIS, SSS, PRC, Driver's License, etc.) PLEASE INDICATE ID Number and Date of Issuance																	
Government Issued ID:	TIN																
ID/License/Passport No.:	946087052																
Date/Place of Issuance:	07/31/2007, ORMOC CITY																
																	
Signature (Sign inside the box)																	
07/09/2019																	
Date Accomplished																	
																	
Right Thumbmark																	
SUBSCRIBED AND SWORN to before me this <u>10 JUL 2019</u> , affiant exhibiting his/her validly issued government ID as indicated above.																	
<table><tr><td colspan="2"></td></tr><tr><td colspan="2">ATTY. RYSN C. GUINOCOR</td></tr><tr><td colspan="2">VSULEG. OFFICER</td></tr><tr><td colspan="2">Person Administering Oath</td></tr></table>				ATTY. RYSN C. GUINOCOR		VSULEG. OFFICER		Person Administering Oath									
																	
ATTY. RYSN C. GUINOCOR																	
VSULEG. OFFICER																	
Person Administering Oath																	