

# 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	DINGAL		
FIRST NAME	ALFREDO		
MIDDLE NAME	GALOLA		
3. DATE OF BIRTH (mm/dd/yyyy)	8/3/1957	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	JAVIER, 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	N/A N/A House/Block/Lot No. Street N/A Sta Cruz Subdivision/Village Barangay BAYBAY CITY LEYTE City/Municipality Province
7. HEIGHT (m)	1.6	ZIP CODE	6521
8. WEIGHT (kg)	60		
9. BLOOD TYPE	B+	18. PERMANENT ADDRESS	House/Block/Lot No. Street N/A Sta Cruz Subdivision/Village Barangay BAYBAY CITY LEYTE City/Municipality Province
10. GSIS ID NO.	B57Q3AGD011	ZIP CODE	6521
11. PAG-IBIG ID NO.	1700-0024-7976		
12. PHILHEALTH NO.	13-000015020-8		
13. SSS NO.	NONE	19. TELEPHONE NO.	NONE
14. TIN NO.	104-767-738-000	20. MOBILE NO.	09176735807
15. AGENCY EMPLOYEE NO.	V000243	21. E-MAIL ADDRESS (if any)	alfredogdingal@gmail.com

## II. FAMILY BACKGROUND

22. SPOUSE'S SURNAME	DINGAL		23. NAME of CHILDREN (Write full name and list all)	DATE OF BIRTH (mm/dd/yyyy)
FIRST NAME	MERCITA		JOHNDY P. DINGAL	10/1/1982
MIDDLE NAME	PESPEÑAN		ROSE MARGARET P. DINGAL	1/14/1984
OCCUPATION	HOUSEKEEPING		GRACE JAYNE P. DINGAL	3/25/1987
EMPLOYER/BUSINESS NAME	NONE			
BUSINESS ADDRESS	N/A			
TELEPHONE NO.	N/A			
24. FATHER'S SURNAME	DINGAL (DECEASED)			
FIRST NAME	PAULINO			
MIDDLE NAME	TANO			
25. MOTHER'S MAIDEN NAME				
SURNAME	GALOLA			
FIRST NAME	JUANITA			
MIDDLE NAME	EGOS			
(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	JAVIER,ELEM, SCHOOL	ELEM. EDUC.	1965	1970	GRADUATED	1970	N/A
SECONDARY	JAVIER, COM. HIGH SCHOOL	SECONDARY EDUC.	1970	1974	GRADUATED	1974	N/A
VOCATIONAL / TRADE COURSE	N/A	N/A	N/A	N/A	N/A	N/A	N/A
COLLEGE	VISCA/ VSU	BS AGRICULTURAL EDUCATION	1974	1978	BS	1978	ViSCA
GRADUATE STUDIES	VSU	MS AGRONOMY	1983	1987	MS	1987	SCHOLAR

(Continue on separate sheet if necessary)


SIGNATURE		DATE	4/26/17
-----------	--	------	---------



IV. CIVIL SERVICE ELIGIBILITY					
27.	CAREER SERVICE/ RA 1080 (BOARD/ BAR) UNDER SPECIAL LAWS/ CES/ CSEE BARANGAY ELIGIBILITY / DRIVER'S LICENSE	RATING (If Applicable)	DATE OF EXAMINATION / CONFERMENT	PLACE OF EXAMINATION / CONFERMENT	LICENSE (if applicable)
					NUMBER
	AGRICULTURE OFFICERS EXAM	75%	May 11,1980	TACLOBAN,CITY	N/A N/A
	CAREER SERVICE EXAM (Prof)	73%	DEC. 7,1980	TACLOBAN,CITY	N/A N/A
	BOARD EXAM FOR TEACHER	76%	NOV. 27,1983	TACLOBAN,CITY	N/A N/A

## V. WORK EXPERIENCE

[illegible]

<b>SIGNATURE</b>		<b>DATE</b>	4/26/2017
------------------	---	-------------	-----------



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

29.	NAME & ADDRESS OF ORGANIZATION (Write in full)	INCLUSIVE DATES (mm/dd/yyyy)		NUMBER OF HOURS	POSITION / NATURE OF WORK
		From	To		
	N/A	N/A	N/A	N/A	N/A

(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 ON INTEGRATED FARMING SYSTEM AND CROP MANAGEMENT	5/1/2015	5/2/2015	15	TECHNICAL	KALIPUNAN NG MALILIIT NA MAGNINIYOG SA PILIPINAS
	TRAINING ON COCONUT-BASED FARMING SYSTEM	3/10/2015	3/12/2015	24	TECHNICAL	AGRICULTURAL TRAINING INTITUTE
	PACKAGING LABELING ANG MARKETING ASSISTANCE SIMENAR	09/21/2012	09/21/2012	8	TECHNICAL	DEPARTMENT OF TRADE AND INDUSTRY
	TRAINING ON PROCESSING MAKAPUNO BASED FOOD PRODUCTS	09/20/2012	09/20/2012	8	TECHNICAL	DEPARTMENT OF TRADE AND INDUSTRY
	ANNUAL RDE IN-HOUSE CONSULTATIVE REVIEW AND PLANNING WPRKSHOP	6/20/2012	6/20/2012	8	TECHNICAL	VISAYAS STATE UNIVERSITY

(Continue on separate sheet if necessary)

VIII

31.	SPECIAL SKILLS and HOBBIES	32.	NON-ACADEMIC DISTINCTIONS / RECOGNITION (Write in full)	33.	MEMBERSHIP IN ASSOCIATION/ORGANIZATION (Write in full)
	MACHINE DESIGN FABRICATION AND CONSTRUCTION (FOR FARM USE)		NONE		LEYTE STATE UNIVERSITY FACULTY ASSOCIATION
	SMALL ENGINE AVERHAULING AND TROUBLE SHOOTING				
	DRIVING AND MINOR REPAIR OF VEHICLES				

(Continue on separate sheet if necessary)

SIGNATURE		DATE	4/26/2017
-----------	--	------	-----------



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); 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: _____

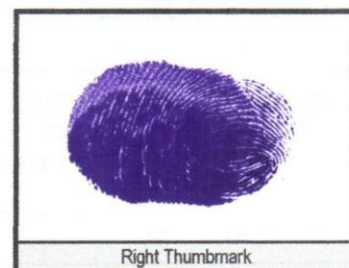
41. REFERENCES (Person not related by consanguinity or affinity to applicant /appointee)		
NAME	ADDRESS	TEL. NO.
DR. MARIA JULIET C. CENIZA	VISCA, BAYBAY, LEYTE	9173095016
DR. ROBERTO C GUARTE	VISCA, BAYBAY, LEYTE	9173108078
DR. REBECCO M. SANTIAGO	SPELLWAY VISCA BAYBAY,CITY,LEYTE	563-7130
42. I declare 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.		



ALFRED C. DINGAL

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>V000243</b>
ID/License/Passport No.: <b>H03-96-026150</b>
Date/Place of Issuance: <b>AUG. 3,2014</b>

Signature (Sign inside the box)
<b>4/26/2017</b>
Date Accomplished

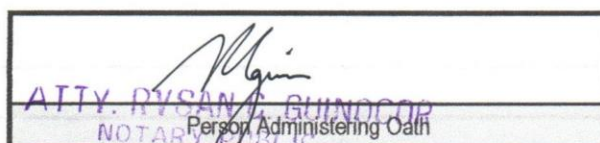


Right Thumbmark

SUBSCRIBED AND SWORN to before me this

**APR 27 2017**

, affiant exhibiting his/her validly issued government ID as indicated above.



UNTIL DECEMBER 31, 2017  
PTR 0495869 - BAYBAY, LEYTE - 11/12/17  
IBP 1030824 - TACLOBAN CITY - 12/19/16  
MCLE COMP. NO. V-0002500 - 11/20/15  
ROLL OF ATTORNEYS NO. 57467