

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.

1. CS ID No.

(Do not fill up. For CSC use only)

I. PERSONAL INFORMATION

2. SURNAME	CAGADAS		
FIRST NAME	ROCHELLE	NAME EXTENSION (JR., SR) N/A	
MIDDLE NAME	BERNABE		
3. DATE OF BIRTH (mm/dd/yyyy)	06/29/1993	16. CITIZENSHIP	<input checked="" type="checkbox"/> Filipino <input type="checkbox"/> Dual Citizenship <input type="checkbox"/> by birth <input type="checkbox"/> by naturalization Pls. indicate country:
4. PLACE OF BIRTH	ST. BERNARD, SOUTHERN LEYTE	If holder of dual citizenship, please indicate the details.	
5. SEX	<input type="checkbox"/> Male <input checked="" 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	House/Block/Lot No. Street TAMBIS I Subdivision/Village Barangay SAINT BERNARD SOUTHERN LEYTE City/Municipality Province 6616
7. HEIGHT (m)	1.61		
8. WEIGHT (kg)	55	ZIP CODE	6616
9. BLOOD TYPE	"O"	18. PERMANENT ADDRESS	House/Block/Lot No. Street TAMBIS I Subdivision/Village Barangay SAINT BERNARD SOUTHERN LEYTE City/Municipality Province 6616
10. GSIS ID NO.	N/A		
11. PAG-IBIG ID NO.	121273884787		
12. PHILHEALTH NO.	1302-5559-5416	ZIP CODE	6616
13. SSS NO.	N/A	19. TELEPHONE NO.	N/A
14. TIN NO.	465-340-181	20. MOBILE NO.	09353418131
15. AGENCY EMPLOYEE NO.	N/A	21. E-MAIL ADDRESS (if any)	rochellecagadas@gmail.com


II. FAMILY BACKGROUND

22. SPOUSE'S SURNAME	N/A		23. NAME of CHILDREN (Write full name and list all)	DATE OF BIRTH (mm/dd/yyyy)
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	CAGADAS			
FIRST NAME	RODRIGO	NAME EXTENSION (JR., SR)		
MIDDLE NAME	VANZUELA			
25. MOTHER'S MAIDEN NAME				
SURNAME	BERNABE			
FIRST NAME	LUZVIMINDA			
MIDDLE NAME	MENCIDE		(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	SAINT BERNARD CENTRAL SCHOOL	N/A	2000	2006		2006	WITH HONOR
SECONDARY	SAN JUAN NATIONAL HIGH SCHOOL	N/A	2006	2010		2010	WITH HONOR
VOCATIONAL / TRADE COURSE	N/A	N/A	N/A	N/A		N/A	N/A
COLLEGE	VISAYAS STATE UNIVERSITY	BACHELOR OF SCIENCE IN AGRICULTURE MAJOR IN PLANT PROTECTION (PLANT PATHOLOGY)	2010	2014		2014	PHILIPPINE AGRICULTURE AND RESOURCES RESEARCH FOUNDATION INCORPORATED- CUM LAUDE
GRADUATE STUDIES	UNIVERSITY OF THE PHILIPPINES - LOS BAÑOS	MASTER OF SCIENCE IN PLANT PATHOLOGY	2018	2020		2020	DOST-ASTHRDP

(Continue on separate sheet if necessary)

SIGNATURE		DATE	9/8/20	CS FORM 212 (Revised 2017), Page 1 of 4
-----------	---	------	--------	---

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	Date of Validity
	CSC- HONOR GRADUATE ELIGIBILITY (PRESIDENTIAL DECREE 907)				100108140278	
	RA 1080	83.67%	JUNE 2-4, 2015	TACLOBAN CITY, LEYTE	0021322	6/29/2021


(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)

SIGNATURE		DATE	9/8/20	CS FORM 212 (Revised 2017), Page 2 of 4
-----------	---	------	--------	---

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

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			
	FY 2018 NATIONAL ORGANIC AGRICULTURE PLANS AND BUDGET PROPOSAL PREPARATION WORKSHOP	1 / 16 / 17	1 / 20 / 17	32	TECHNICAL	DEPARTMENT OF AGRICULTURE
	ORGANIC AGRICULTURE FY 2016 YEAR-END ASSESSMENT AND FY 2018 PLANNING WORKSHOP	12 / 12 / 16	12 / 16 / 16	32	TECHNICAL	DEPARTMENT OF AGRICULTURE
	SECOND EASTERN VISAYAS ORGANIC AGRICULTURE CONGRESS	11 / 10 / 16	11 / 11 / 16	32	TECHNICAL	DEPARTMENT OF AGRICULTURE
	FINALIZATION OF THE FY 2017 BUDGET EXECUTION DOCUMENTS (BEDS) 1, 2, 3 OF THE NATIONAL RICE, CORN AND ORGANIC AGRICULTURE PROGRAMS	10 / 24 / 16	10 / 28 / 16	32	TECHNICAL	DEPARTMENT OF AGRICULTURE
	REGIONAL GOOD AGRICULTURAL PRACTICES TEAM TRAINING AND WORKSHOP FOR REGION VIII	10 / 4 / 16	10 / 7 / 16	32	TECHNICAL	DEPARTMENT OF AGRICULTURE
	ORGANIC AGRICULTURE TECHNICAL COMMITTEE MEETING CUM WORKSHOP	9 / 26 / 16	9 / 30 / 16	32	TECHNICAL	DEPARTMENT OF AGRICULTURE
	ORGANIC AGRICULTURE 1ST QUARTER CY 2016 PHYSICAL AND FINANCIAL PERFORMANCE ASSESSMENT WORKSHOP	4 / 20 / 16	4 / 22 / 16	32	TECHNICAL	DEPARTMENT OF AGRICULTURE
	FY 2017 PLAN AND BUDGET PROPOSAL TECHNICAL REVIEW AND WORKSHOP	2 / 29 / 16	3 / 4 / 16	32	TECHNICAL	DEPARTMENT OF AGRICULTURE
	ORIENTATION OF THE PROGRAM IMPLEMENTERS OF THE INDIGENOUS PEOPLES (IPS) PROGRAM DEVELOPMENT AND BEST PRACTICES IN BUKIDNON	2 / 21 / 16	2 / 24 / 16	32	TECHNICAL	DEPARTMENT OF AGRICULTURE
	NATIONAL ORGANIC AGRICULTURE PROGRAM PLANNING AND BUDGET WORKSHOP	2 / 3 / 16	2 / 5 / 16	16	TECHNICAL	DEPARTMENT OF AGRICULTURE
	WORKSHOP ON PURCHASE REQUEST PREPARATION	1 / 18 / 16	1 / 19 / 16	8	TECHNICAL	DEPARTMENT OF AGRICULTURE
	NATIONAL ORGANIC AGRICULTURE PROGRAM ASSESSMENT, PLANNING WORKSHOP AND FINALIZATION OF MECHANIZATION PLAN	06 / 29 / 15	07 / 03 / 15	32	TECHNICAL	DEPARTMENT OF AGRICULTURE
	GENDER AND DEVELOPMENT MAINSTREAMING MEETING	06 / 25 / 15	06 / 25 / 15	8	TECHNICAL	DEPARTMENT OF AGRICULTURE
	FOCUS GROUP DISCUSSION	06 / 23 / 15	06 / 24 / 15	16	TECHNICAL	DEPARTMENT OF AGRICULTURE
	FY 2016 DEPARTMENT OF AGRICULTURE PLANS AND BUDGET PROPOSAL TECHNICAL REVIEW WORKSHOP	02 / 23 / 15	02 / 28 / 15	40	TECHNICAL	DEPARTMENT OF AGRICULTURE
	ORGANIC SEED PRODUCTION TRAINING	12 / 3 / 14	12 / 5 / 14	24	TECHNICAL	BUREAU OF PLANT INDUSTRY
	ORGANIC AGRICULTURE TRAINING	10 / 24 / 14	10 / 24 / 14	8	TECHNICAL	COASTAL CORE ORGANIZATION
	BRIEFING AND ORIENTATION OF RA 10068 AND CREATION OF LOCAL TECHNICAL COMMITTEE	7 / 30 / 14	7 / 30 / 14	8	TECHNICAL	DEPARTMENT OF AGRICULTURE
	ORIENTATION ON RICE POST- HARVEST MONITORING SURVEY	6 / 28 / 14	6 / 28 / 14	8	TECHNICAL	FOOD AND AGRICULTURE ORGANIZATION
	TRAINING ON RICE PRODUCTION AND RICE-BASED TECHNOLOGIES FOR AREAS AFFECTED BY SUPER TYPHOON YOLANDA	6 / 20 / 14	6 / 27 / 14	40	TECHNICAL	PHILIPPINE RICE RESEARCH INSTITUTE
	DEPARTMENT OF LABOR AND EMPLOYMENT ORIENTATION AND SEMINAR	5 / 2 / 13	5 / 2 / 13	8	TECHNICAL	DEPARTMENT OF LABOR AND EMPLOYMENT

(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)
	COMPUTER LITERATE		N/A		PHILIPPINE ASSOCIATION OF AGRICULTURISTS, INC.
	GOOD IN COMMUNICATION SKILLS		N/A		PLANT PROTECTION MAJORS ASSOCIATION
	READING PLANT PROTECTION RELATED BOOKS AND JOURNALS		N/A		ASSOCIATION OF FRESHMEN AND SOPHOMORE AGRICULTURE STUDENTS

(Continue on separate sheet if necessary)

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./CEL NO.
CARLOS S. DE LA CRUZ	TACLOBAN CITY, LEYTE	9185074623
VERONICA J. BERENGUER	TACLOBAN CITY, LEYTE	9159870264
ANDREW RODOLFO T. ORAIS	TACLOBAN CITY, LEYTE	(053) 832-0695

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.



ROCHELLE B. CAGADAS

PHOTO



Right Thumbmark

Government Issued ID (i.e. Passport, GSIS, SSS, PRC, Driver's License, etc.)
PLEASE INDICATE ID Number and Date of Issuance

Government Issued ID:


PRC ID

ID/License/Passport No.:

0021322

Date/Place of Issuance:

6/18/15



Signature (Sign inside the box)

9/18/20

Date Accomplished

SUBSCRIBED AND SWORN to before me this

08 OCT 2020

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

ATTY. RYSAN C. GUINOCOR

VSU LEGAL OFFICER

Person Administering Oath

CS FORM 212 (Revised 2017). Page 4 of 4