

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                    | DAUTIL   |   |  |     |     |                     |        |     |         |                     |          |          |       |                   |          |  |        |
| FIRST NAME                    | JANE   |   | NAME EXTENSION (JR., SR) N/A   |     |     |                     |        |     |         |                     |          |          |       |                   |          |  |        |
| MIDDLE NAME                   | PAGALAN  |   |  |     |     |                     |        |     |         |                     |          |          |       |                   |          |  |        |
| 3. DATE OF BIRTH (mm/dd/yyyy) | June 29, 1992  | 16. CITIZENSHIP   | <input checked="" type="checkbox"/> Filipino <input type="checkbox"/> Dual Citizenship   |     |     |                     |        |     |         |                     |          |          |       |                   |          |  |        |
| 4. PLACE OF BIRTH             | Brgy. Conalum, Inopacan, Leyte   | If holder of dual citizenship, please indicate the details. | <input checked="" type="checkbox"/> by birth <input type="checkbox"/> by naturalization<br>Pls. indicate country:  |     |     |                     |        |     |         |                     |          |          |       |                   |          |  |        |
| 5. SEX                        | <input type="checkbox"/> Male <input checked="" type="checkbox"/> Female   |   | Philippines  |     |     |                     |        |     |         |                     |          |          |       |                   |          |  |        |
| 6 CIVIL STATUS                | <input checked="" type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Other/s: | 17. RESIDENTIAL ADDRESS                                     | <table><tr><td>N/A</td><td>N/A</td></tr><tr><td>House/Block/Lot No.</td><td>Street</td></tr><tr><td>N/A</td><td>Gabas</td></tr><tr><td>Subdivision/Village</td><td>Barangay</td></tr><tr><td>Baybay</td><td>Leyte</td></tr><tr><td>City/Municipality</td><td>Province</td></tr><tr><td></td><td>6521-A</td></tr></table>   | N/A | N/A | House/Block/Lot No. | Street | N/A | Gabas   | Subdivision/Village | Barangay | Baybay   | Leyte | City/Municipality | Province |  | 6521-A |
| N/A                           | N/A  |   |  |     |     |                     |        |     |         |                     |          |          |       |                   |          |  |        |
| House/Block/Lot No.           | Street   |   |  |     |     |                     |        |     |         |                     |          |          |       |                   |          |  |        |
| N/A                           | Gabas  |   |  |     |     |                     |        |     |         |                     |          |          |       |                   |          |  |        |
| Subdivision/Village           | Barangay   |   |  |     |     |                     |        |     |         |                     |          |          |       |                   |          |  |        |
| Baybay                        | Leyte  |   |  |     |     |                     |        |     |         |                     |          |          |       |                   |          |  |        |
| City/Municipality             | Province   |   |  |     |     |                     |        |     |         |                     |          |          |       |                   |          |  |        |
|                               | 6521-A   |   |  |     |     |                     |        |     |         |                     |          |          |       |                   |          |  |        |
| 7. HEIGHT (m)                 | 1.52   |   |  |     |     |                     |        |     |         |                     |          |          |       |                   |          |  |        |
| 8. WEIGHT (kg)                | 57   | ZIP CODE  |  |     |     |                     |        |     |         |                     |          |          |       |                   |          |  |        |
| 9. BLOOD TYPE                 | "AB"   | 18. PERMANENT ADDRESS                                       | <table><tr><td>N/A</td><td>N/A</td></tr><tr><td>House/Block/Lot No.</td><td>Street</td></tr><tr><td>N/A</td><td>Conalum</td></tr><tr><td>Subdivision/Village</td><td>Barangay</td></tr><tr><td>Inopacan</td><td>Leyte</td></tr><tr><td>City/Municipality</td><td>Province</td></tr><tr><td></td><td>6522</td></tr></table> | N/A | N/A | House/Block/Lot No. | Street | N/A | Conalum | Subdivision/Village | Barangay | Inopacan | Leyte | City/Municipality | Province |  | 6522   |
| N/A                           | N/A  |   |  |     |     |                     |        |     |         |                     |          |          |       |                   |          |  |        |
| House/Block/Lot No.           | Street   |   |  |     |     |                     |        |     |         |                     |          |          |       |                   |          |  |        |
| N/A                           | Conalum  |   |  |     |     |                     |        |     |         |                     |          |          |       |                   |          |  |        |
| Subdivision/Village           | Barangay   |   |  |     |     |                     |        |     |         |                     |          |          |       |                   |          |  |        |
| Inopacan                      | Leyte  |   |  |     |     |                     |        |     |         |                     |          |          |       |                   |          |  |        |
| City/Municipality             | Province   |   |  |     |     |                     |        |     |         |                     |          |          |       |                   |          |  |        |
|                               | 6522   |   |  |     |     |                     |        |     |         |                     |          |          |       |                   |          |  |        |
| 10. GSIS ID NO.               | 2005283396   |   |  |     |     |                     |        |     |         |                     |          |          |       |                   |          |  |        |
| 11. PAG-IBIG ID NO.           | On process   | ZIP CODE  |  |     |     |                     |        |     |         |                     |          |          |       |                   |          |  |        |
| 12. PHILHEALTH NO.            | 010251205502   |   |  |     |     |                     |        |     |         |                     |          |          |       |                   |          |  |        |
| 13. SSS NO.                   | N/A  | 19. TELEPHONE NO.   | N/A  |     |     |                     |        |     |         |                     |          |          |       |                   |          |  |        |
| 14. TIN NO.                   | 499-526-066  | 20. MOBILE NO.  | 09550172945  |     |     |                     |        |     |         |                     |          |          |       |                   |          |  |        |
| 15. AGENCY EMPLOYEE NO.       | V01030   | 21. E-MAIL ADDRESS (if any)                                 | janedautil@yahoo.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   | 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     | DAUTIL     |                              |   |                            |
| FIRST NAME               | JUSTINIANO | NAME EXTENSION (JR., SR) N/A |   |                            |
| MIDDLE NAME              | MOSQUITO   |                              |   |                            |
| 25. MOTHER'S MAIDEN NAME |            |                              |   |                            |
| SURNAME                  | PAGALAN    |                              |   |                            |
| FIRST NAME               | VICTORIA   |                              |   |                            |
| MIDDLE NAME              | VALENZONA  |                              | (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                | Conalum Elem. School           | Elementary diploma                            | 1/6/1999             | 03/31/2005 | N/A  | 2005           | 1st Honorable Mention                 |
| SECONDARY                 | Conalum National High School   | High school diploma                           | 1/6/2005             | 03/31/2009 | N/A  | 2009           | Salutatorian                          |
| VOCATIONAL / TRADE COURSE | N/A                            | N/A   | N/A                  | N/A        | N/A  | N/A            | None                                  |
| COLLEGE                   | Visayas State University       | Doctor of Veterinary Medicine                 | 1/6/2009             | 04/13/2016 | N/A  | N/A            | None                                  |
| GRADUATE STUDIES          | N/A                            | N/A   | N/A                  | N/A        | N/A  | N/A            | None                                  |
| GRADUATE STUDIES          | N/A                            | N/A   | N/A                  | N/A        | N/A  | N/A            | None                                  |

|   |  |   |               |
|---|--|---|---------------|
| (Continue on separate sheet if necessary) |  |   |               |
| SIGNATURE                                 |  | DATE                                    | June 26, 2019 |
|   |  | CS FORM 212 (Revised 2017), Page 1 of 4 |               |



#### IV. CIVIL SERVICE ELIGIBILITY

| 27. | CAREER SERVICE/ RA 1080 (BOARD/ BAR) UNDER<br>SPECIAL LAWS/ CES/ CSEE<br>BARANGAY ELIGIBILITY / DRIVER'S LICENSE | RATING<br>(If Applicable) | DATE OF<br>EXAMINATION /<br>CONFERMENT | PLACE OF EXAMINATION / CONFERMENT | LICENSE (if applicable) |                     |
|-----|--|---------------------------|--|-----------------------------------|-------------------------|---------------------|
|     |  |                           |  |                                   | NUMBER                  | Date of<br>Validity |
|     | <b>Veterinary Medicine Licensure Exam</b>  | <b>0.8</b>                | <b>Aug. 23-25, 2016</b>                | <b>Manila</b>                     | <b>9109</b>             | <b>06/29/2019</b>   |
|     |  |                           |  |                                   |                         |                     |
|     |  |                           |  |                                   |                         |                     |

(Continue on separate sheet if necessary)

## V. WORK EXPERIENCE

[illegible]

8/15/1990

**SIGNATURE**


DATE \_\_\_\_\_

June 26, 2019

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## VI. VOLUNTARY WORK OR INVOLVEMENT IN CIVIC / GOVERNMENT / PEOPLE / VOLUNTARY ORGANIZATION(S)

| 29.  | NAME & ADDRESS OF ORGANIZATION<br>(Write in full)              | INCLUSIVE DATES<br>(mm/dd/yyyy) |          | NUMBER OF HOURS | POSITION / NATURE OF WORK |
|---|--|---------------------------------|----------|-----------------|---------------------------|
|   |  | From                            | To       |                 |                           |
|   | Philippine Veterinary Medical Association                      | 1/9/2016                        | Lifetime | Lifetime        | Member                    |
|   | Venerable Knight and Lady Veterinarian Fraternity and Sorority | 8/1/2018                        | 8/6/2018 | Temporary       | Adviser                   |
|   |  |                                 |          |                 |                           |
|   |  |                                 |          |                 |                           |
|   |  |                                 |          |                 |                           |
|   |  |                                 |          |                 |                           |
|   |  |                                 |          |                 |                           |

(Continue on separate sheet if necessary)

## VII. LEARNING AND DEVELOPMENT (L&amp;D) INTERVENTIONS/TRAINING PROGRAMS ATTENDED

[illegible]

(Continue on separate sheet if necessary)







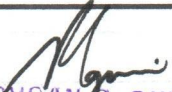
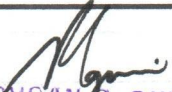
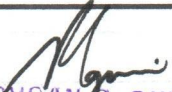
## VIII. OTHER INFORMATION

| 31. SPECIAL SKILLS and HOBBIES      | 32. NON-ACADEMIC DISTINCTIONS / RECOGNITION<br>(Write in full) | 33. MEMBERSHIP IN ASSOCIATION/ORGANIZATION<br>(Write in full) |
|-------------------------------------|--|---|
| Playing musical instrument (guitar) | None   | Veterinary Practitioners Association of the Philippines       |
| Playing table tennis                | None   | Philippine Veterinary Medical Association                     |
|                                     |  |   |
|                                     |  |   |
|                                     |  |   |
|                                     |  |   |
|                                     |  |   |

(Continue on separate sheet if necessary)

|                  |                |             |                      |
|------------------|----------------|-------------|----------------------|
| <b>SIGNATURE</b> | <i>Adeniti</i> | <b>DATE</b> | <b>June 26, 2019</b> |
|------------------|----------------|-------------|----------------------|



| 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,<br>a. within the third degree?<br>b. within the fourth degree (for Local Government Unit - Career Employees)?   | <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO<br><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO<br>If YES, give details: _____  |   |                       |   |                          |                      |                         |                  |   |   |                     |                 |            |                   |  |
|--|--|---|-----------------------|---|--------------------------|----------------------|-------------------------|------------------|---|---|---------------------|-----------------|------------|-------------------|--|
| 35. a. Have you ever been found guilty of any administrative offense?<br><br>b. Have you been criminally charged before any court?   | <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO<br>If YES, give details: _____<br><br><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO<br>If YES, give details: _____<br>Date Filed: _____<br>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<br>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<br>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)?<br><br>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<br>If YES, give details: _____<br><br><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO<br>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<br>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:<br>a. Are you a member of any indigenous group?<br>b. Are you a person with disability?<br>c. Are you a solo parent?  | <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO<br>If YES, please specify: _____<br><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO<br>If YES, please specify ID No: _____<br><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO<br>If YES, please specify ID No: <u>None yet</u> |   |                       |   |                          |                      |                         |                  |   |   |                     |                 |            |                   |  |
| 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. Eugene Lañada</td><td>Visca, Baybay, Leyte</td><td>9176341472</td></tr><tr><td>Dr. Lotis Balala</td><td>Visca, Baybay, Leyte</td><td>9359680818</td></tr><tr><td>Fr. Eufemio Gohetia</td><td>Inopacan, Leyte</td><td>9175859376</td></tr></tbody></table>  |  | NAME  | ADDRESS               | TEL. NO.  | Dr. Eugene Lañada        | Visca, Baybay, Leyte | 9176341472              | Dr. Lotis Balala | Visca, Baybay, Leyte  | 9359680818                                      | Fr. Eufemio Gohetia | Inopacan, Leyte | 9175859376 |                   |  |
| NAME   | ADDRESS  | TEL. NO.  |                       |   |                          |                      |                         |                  |   |   |                     |                 |            |                   |  |
| Dr. Eugene Lañada  | Visca, Baybay, Leyte   | 9176341472  |                       |   |                          |                      |                         |                  |   |   |                     |                 |            |                   |  |
| Dr. Lotis Balala   | Visca, Baybay, Leyte   | 9359680818  |                       |   |                          |                      |                         |                  |   |   |                     |                 |            |                   |  |
| Fr. Eufemio Gohetia  | Inopacan, Leyte  | 9175859376  |                       |   |                          |                      |                         |                  |   |   |                     |                 |            |                   |  |
| 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.)<br/>PLEASE INDICATE ID Number and Date of Issuance</td></tr><tr><td>Government Issued ID:</td><td>PRC ID</td></tr><tr><td>ID/License/Passport No.:</td><td>9109</td></tr><tr><td>Date/Place of Issuance:</td><td>09/23/2016/PRC</td></tr></table>   | Government Issued ID (i.e.Passport, GSIS, SSS, PRC, Driver's License, etc.)<br>PLEASE INDICATE ID Number and Date of Issuance  |   | Government Issued ID: | PRC ID  | ID/License/Passport No.: | 9109                 | Date/Place of Issuance: | 09/23/2016/PRC   | <table><tr><td colspan="2">Signature (Sign inside the box)<br/><u>Hanti</u></td></tr><tr><td colspan="2">June 26, 2019</td></tr><tr><td colspan="2">Date Accomplished</td></tr></table> | Signature (Sign inside the box)<br><u>Hanti</u> |                     | June 26, 2019   |            | Date Accomplished |  |
| Government Issued ID (i.e.Passport, GSIS, SSS, PRC, Driver's License, etc.)<br>PLEASE INDICATE ID Number and Date of Issuance  |  |   |                       |   |                          |                      |                         |                  |   |   |                     |                 |            |                   |  |
| Government Issued ID:  | PRC ID   |   |                       |   |                          |                      |                         |                  |   |   |                     |                 |            |                   |  |
| ID/License/Passport No.:   | 9109   |   |                       |   |                          |                      |                         |                  |   |   |                     |                 |            |                   |  |
| Date/Place of Issuance:  | 09/23/2016/PRC   |   |                       |   |                          |                      |                         |                  |   |   |                     |                 |            |                   |  |
| Signature (Sign inside the box)<br><u>Hanti</u>  |  |   |                       |   |                          |                      |                         |                  |   |   |                     |                 |            |                   |  |
| June 26, 2019  |  |   |                       |   |                          |                      |                         |                  |   |   |                     |                 |            |                   |  |
| Date Accomplished  |  |   |                       |   |                          |                      |                         |                  |   |   |                     |                 |            |                   |  |
| <table><tr><td></td></tr><tr><td>PHOTO</td></tr><tr><td></td></tr><tr><td>Right Thumbmark</td></tr></table>  |  |    | PHOTO                 |  | Right Thumbmark          |                      |                         |                  |   |   |                     |                 |            |                   |  |
|   |  |   |                       |   |                          |                      |                         |                  |   |   |                     |                 |            |                   |  |
| PHOTO  |  |   |                       |   |                          |                      |                         |                  |   |   |                     |                 |            |                   |  |
|   |  |   |                       |   |                          |                      |                         |                  |   |   |                     |                 |            |                   |  |
| Right Thumbmark  |  |   |                       |   |                          |                      |                         |                  |   |   |                     |                 |            |                   |  |
| SUBSCRIBED AND SWORN to before me this <u>28 AUG 2019</u> , affiant exhibiting his/her validly issued government ID as indicated above.  |  |   |                       |   |                          |                      |                         |                  |   |   |                     |                 |            |                   |  |
| <table><tr><td colspan="2"><br/>ATTY. RYSAN C. GUINOCOR<br/>VSULEGAL OFFICER<br/>Person Administering Oath</td></tr></table>  |  | <br>ATTY. RYSAN C. GUINOCOR<br>VSULEGAL OFFICER<br>Person Administering Oath |                       |   |                          |                      |                         |                  |   |   |                     |                 |            |                   |  |
| <br>ATTY. RYSAN C. GUINOCOR<br>VSULEGAL OFFICER<br>Person Administering Oath  |  |   |                       |   |                          |                      |                         |                  |   |   |                     |                 |            |                   |  |



**WORK EXPERIENCE SHEET**

**Instructions:** 1. Include only the work experiences relevant to the position being applied for.

2. The duration should include start and finish dates, if known, month in abbreviated form, if known, and year in full. For the current position, use the word *Present*, e.g., 1998-Present. Work experience should be listed starting with the most recent/present employment

- Duration: September 6, 2016 – May 31, 2017
  - Position: Part-time Instructor
  - Name of Office/Unit: College of Veterinary Medicine
  - Immediate Supervisor: Dr. Eugene B. Lañada
  - Name of Agency/Organization and Location: Visayas State University, Visca, Baybay, Leyte
    - List of Accomplishments and Contributions (if any)
      - Provide knowledge to the students as an instructor
      - Process documents needed during AACUP Accreditation
  - Summary of Actual Duties
    - Teaches the basic knowledge of veterinary medicine and help them during the conduct of laboratory experiments and explain to them on how these things happens, represent the organization to veterinary conferences (e.g. VPAP); and acts as a resource person during the seminar of ATI.
- 
- Duration: August 4, 2017 – Present
  - Position: Instructor 1
  - Name of Office/Unit: College of Veterinary Medicine
  - Immediate Supervisor: Ana Marquiza Quilicot
  - Name of Agency/Organization and Location: Visayas State University, Visca, Baybay, Leyte
    - List of Accomplishments and Contributions (if any)
      - Provide knowledge to the students as an instructor
      - Process documents needed during AACUP Accreditation
      - Prepare proposals for research and extension of the college
  - Summary of Actual Duties
    - Teaches the basic knowledge of veterinary medicine and help them during the conduct of laboratory experiments and explain to them on how these things happens, represent the organization to veterinary conferences (e.g. VPAP and PVMA); conduct research as part of the project of the college and attend extension works of the college.

*J. P. Dautil*  
JANE P. DAUTIL

(Signature over Printed Name  
of Employee/Applicant)

Date: June 26, 2019