Revised 2017 **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. 1. CS ID No. (Do not fill up. For CSC use only Print legibly. Tick appropriate boxes () a use separate sheet if necessary. Indicate N/A if not applicable. DO NOT ABBREVIATE. CORMANES 2. SURNAME NAME EXTENSION (JR., SR) FIRST NAME JOAN MARIE MIDDLE NAME YGOT 3 DATE OF BIRTH 04/01/1993 16. CITIZENSHIP ✓ Filipino Dual Citizenship (mm/dd/yyyy) by birth by naturalization 4. PLACE OF BIRTH ORMOC CITY If holder of dual citizenship, Pls. indicate country: please indicate the details **▼** Female 5 SFX Male Male ✓ Single Married 17. RESIDENTIAL ADDRESS Maple Apartments 6 CIVIL STATUS House/Block/Lot No Street Widowed Separated Brgy. Guadalupe Other/s: Subdivision/Village Barangay . # Baybay City Levte 7. HEIGHT (m) 4'11" City/Municipality Province ZIP CODE 6521-A 8. WEIGHT (kg) 60kg 18. PERMANÈNT ADDRESS Melbourne Street 9. BLOOD TYPE B House/Block/Lot No Street Brgy. Dona Feliza Mejia 10. GSIS ID NO On Process Subdivision/Village Barangay Ormoc City Levte 11. PAG-IBIG ID NO 917020099536 City/Municipality Province ZIP CODE 13-025377160-8 6541 12. PHILHEALTH NO 13. SSS NO. 06-3939823-5 19. TELEPHONE NO. 563-1973 14. TIN NO. 335-512-751-0000 09196736770 20. MOBILE NO. 15. AGENCY EMPLOYEE NO V01031 21. E-MAIL ADDRESS (if any) joanmarie.cormanes@vsu.edu.ph MILY BACKGROUND N/A 23. NAME of CHILDREN (Write full name and list all) DATE OF BIRTH (mm/dd/yyyy) 22. SPOUSE'S SURNAME NAME EXTENSION (JR., SR) N/A FIRST NAME N/A MIDDLE NAME N/A OCCUPATION N/A EMPLOYER/BUSINESS NAME N/A N/A BUSINESS ADDRESS TELEPHONE NO. N/A 24. FATHER'S SURNAME CORMANES NAME EXTENSION (JR., SR) JUANITO FIRST NAME MIDDLE NAME BARING 25. MOTHER'S MAIDEN NAME MA. ROSA DIANO YGOT SURNAME YGOT MA. ROSA FIRST NAME MIDDLE NAME DIANO (Continue on separate sheet if necessary) SCHOLARSHIP HIGHEST LEVEL/ UNITS EARNED PERIOD OF ATTENDANCE NAME OF SCHOOL BASIC EDUCATION/DEGREE/COURSE YEAR ACADEMIC LEVEL GRADUATED (Write in full) (Write in full) HONORS (if not graduated) RECEIVED To ELEMENTARY ORMOC SE SAN SCHOOL ELEMENTARY DIPLOMA N/A 2000 06/01/2000 3/31/2005 none SECONDARY **NEW ORMOC CITY NATIONAL HIGH SCHOOL** HIGH SCHOOL DIPLOMA 06/01/2005 3/31/2009 N/A 2005 none VOCATIONAL / TRADE COURSE VISAYAS STATE UNIVERSITY DOCTOR OF VETERINARY MEDICINE 06/01/2009 03/31/2016 N/A 2016 none GRADUATE STUDIES SIGNATURE DATE June 24, 2020

IV. CIVIL S	SERVICE ELIG	IBILITY	••				100		
?7. CARE		080 (BOARD/ BAR) UNDER	RATING	DATE OF EXAMINATION /	PLACE OF EVALUATION	TION / CONFEE	RMENT	LIĆENSE (if	
SPECIAL LAWS/ CES/ CSEE BARANGAY ELIGIBILITY / DRIVER'S LICENSE (If Applicable)		EXAMINATION / CONFERMENT	PLACE OF EXAMINA	IATION / CONFERMENT		NUMBER	Date of Validity		
Veterinary Medicine Licensure Exam 0.8			Aug. 23, 24, and 25		anila		8842	09/01/2016	
The Tip			MUTERSTOR	N PALINACINAN BROARIN V NASA FOR OUT BUS	SOME THE WAY OF THE PARTY OF TH		on Participal		10. 20.7
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			(C	ontinue on separate sheet if	necessary)				
	EXPERIENCE	et Start from your recent	work) Descriptio	n of duties should be in	dicated in the attached	l Work Expe	rience sheet		
(Include private employment. Start from your recent work) 8. INCLUSIVE DATES (mm/dd/yyyy) POSITION TITLE (Write in full/Do not abbrevia)		TLE	DEPARTMENT / AGENCY / OFFICE / COMPANY (Write in full/Do not abbreviate)		MONTHLY SALARY	SALARY/ JOB/ PAY GRADE (if applicable)& STEP (Format "00-0")/	STATUS OF APPOINTMENT	GOV'T SERVICE	
From	[2] [4] [4] [4] [4] [4] [4] [4] [4] [4] [4			1		317	INCREMENT		(Y/N)
08/01/2020	present	Instructo	rl		te University	22938.00	,	Regular	Y
01/01/2019	07/31/2020	Instructo	rŀ	Visayas State University		22938.00		Regular	Y
08/01/2018	07/31/2019	Instructo	rl	Visayas State University		22149.00		Regular	Y
01/01/2018	07/31/2018	Instructo	rl	Visayas State University		22149.00		Regular	Y
08/04/2017	12/31/2017	Instructo		Visayas State University		21387.00		Regular	Υ
9/15/2016	7/25/2017	Resident Veterinarian/Small Animal Practitioner		Cebu Veterinary Doctors		15000.00		Regular	N
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				Continue on separate sheet if			Tele		
SIGI	NATURE	Komzt			DATE			24, 2020 S FORM 212 (Revise	

Att, and a company						
I. VOLUNTARY WORK OF INVOLVEMENT IN CIVIC / NON-GOVERN			GANIZATIONS			
29. NAME & ADDRESS OF ORGANIZATION (Write in full)		USIVE DATES nm/dd/yyyy)	NUMBER OF HOURS		POSITION / NATURE OF WORK	
	From	To				
None		E None	NOTE		HOVE	
лі. LEARNING AND DEVELOPMENT (L&D) INTERVENTIONS/TRAII	THE RESIDENCE OF THE PARTY OF T	rate sheet if necessal	ry)			
Start from the most recent L&D/training program and include only the relevant L&D/training			hiefiExecutive Man	agerial positions)		
TITLE OF LEARNING AND DEVELOPMENT INTERVENTIONS/TRAINING PROGRAMS (Write in full)		JSIVE DATES OF TTENDANCE (mm/dd/yyyy)	NUMBER OF HOURS	Type of LD (Managerial/ Supervisory/ Technical/etc)	CONDUCTED/ SPONSORED BY (Write in full)	
Philippine Veterinary Medical Association (PVMA): 87th Annual Convention and Conference	Scientific 2/19/2020	2/21/2020	27.0	Delegate	Philippine Veterinary Medical Association (PVMA)	
Conference Philippine Veterinary Medical Association (PVMA): 85th Annual Convention and Conference	Scientific 02/20/2019	9 02/22/2019	27.0	Delegate	Philippine Veterinary Medical Association (PVMA)	
Conference Philippine Veterinary Medical Association (PVMA): 86th Annual Convention and Conference	d Scientific 02/14/201	8 02/16/2018	27.0	Delegate	Philippine Veterinary Medical Association (PVMA)	
Philippine Animal Hospital Association (PAHA): 24th Annual Conference	10/03/201	8 10/05/2018	27.0	Delegate	Philippine Animal Hospital Association (PAHA)	
Veterinary Practitioners Association of the Philippines (VPAP): 45th Annual Sc	ientific 06/22/201	7 06/23/2017	16.0	Delegate	Veterinary Practitioners Association of the	
Conference					Philippines (VPAP)	
			-			
			-			
			-			
			-			
	(Continue on sep	parate sheet if necess	ary)			
VIII. OTHER INFORMATION						
31. SPECIAL SKILLS and HOBBIES 32.	NON-ACADEMIC	DISTINCTIONS / REC (Write in full)	OGNITION		33. MEMBERSHIP IN ASSOCIATION/ORGANIZATIO (Write in full)	
Playing musical instruments (piano and guitar)	Delegate for Leyte on Viva Excon (Visayas Islands Visual Artists Exhibition and Conference) Veterinary Practitioners Association of the					
	Participant for the 2019 Silvan National Watercolor Competition hosted by Cebu Watercolor					
Cooking		obolety		Kasugbong Visual Arts Group		
	(Continue on se	eparale sheel if neces	sary)			
SIGNATURE	ing			DATE	June 24, 2020 CS FORM 212 (Revised 2017). Page 3	

34	Are you related by concenquinity or affinity to the appoint	ing or recommending authority or to the	-				
04.	Are you related by consanguinity or affinity to the appoint chief of bureau or office or to the person who has immedi		1				
	Bureau or Department where you will be approinted,	ate supervision over you in the Office,					
	a. within the third degree?	Dyrs D	a no				
			NO				
	b. within the fourth degree (for Local Government Unit - C	YES	NO NO				
			If YES, give details:				
35.	a. Have you ever been found guilty of any administrative	offense?	☐ YES □	2 NO			
			If YES, give details:				
			ii i Lo, givo dotalis.				
	b. Have you been criminally charged before any court?		YES [✓ NO			
	, , , , , , , , , , , , , , , , , , , ,		If YES, give details:				
			Date Filed:				
			Status of Case/s:				
20	Have you ever been convicted of any crime or violation of						
30.	any court or tribunal?	any law, decree, ordinance or regulation by					
	any ocare or another.		If YES, give details:				
37.	Have you ever been separated from the service in any of	the following modes: resignation,	✓ YES	□ NO			
	retirement, dropped from the rolls, dismissal, termination,	end of term, finished contract or phased out					
	(abolition) in the public or private sector?			Family Matters			
38.	a. Have you ever been a candidate in a national or local	election held within the last year (except	YES	✓ NO			
	Barangay election)?		If YES, give details				
		(1 H (2) H H - L H					
	 b. Have you resigned from the government service during election to promote/actively campaign for a national or loc 		YES	✓ NO			
			If YES, give details	6			
39.	Have you acquired the status of an immigrant or permane	ent resident of another country?	YES	✓ NO			
			If YES, give details (country):				
40.	Pursuant to: (a) Indigenous People's Act (RA 8371); (b) M	Magna Carta for Disabled Persons (RA					
	7277); and (c) Solo Parents Welfare Act of 2000 (RA 897						
a.	Are you a member of any indigenous group?		- NEC	EI NO			
	,,		YES If YES, please specify:	✓ NO			
b.	Are you a person with disability?		YES	✓ NO			
			If YES, please specify ID No:				
C.	Are you a solo parent?		YES NO				
			If YES, please specify I				
	D=====================================						
41.	REFERENCES (Person not related by consanguinity or affinity to applications)	ant rappointee)					
	NAME	ADDRESS	TEL, NO.				
	Dr. Ana Marquiza Quilicot	Visca, Baybay, Leyte	9228713558	(A)			
_	DI. And marquiza quinoc	vissa, baybay, Loyto	0220710000				
	Dr. Agnes Taveros	Visca, Baybay, Leyte	9061919698				
\vdash							
	Dr. John Philip Lou Lumain	Visca, Baybay, Leyte	9355936394				
42.	I declare under oath that I have personally accomplish						
	complete statement pursuant to the provisions of pe	: [1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1		CORMANES, JOAN MARIE Y.			
	Philippines. I authorize the agency head/authorized repri			1			
	agree that any misrepresentation made in this do administrative/criminal case/s against me.	ocument and its attachments shall caus	e the filing of	CURMANES, JUAN MARIE I.			
	administrative orininal casers against me.						
0	overnment Issued ID (i.e. Passport, GSIS, SSS, PRC, Driver's License, etc.)			125438			
100.0	LEASE INDICATE ID Number and Date of Issuance						
G	overnment issued ID: PRC ID	0.2					
H			The state of the s				
ID	/License/Passport No.: 8842	ox)					
D	ate/Place of Issuance: 09/1/2017PRC						
L		Date Accomplished		Right Thumbmark			
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	SUBSCRIBED AND SWORN to before me this	, affiant exhibiti	ng his/her validly issued go	overnment ID as indicated above.			
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WORK EXPERIENCE SHEET

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

- 2. The duration should include start and finish dates, if known, month in abbreviated form, if known, year in full. For the current position, use the word Present. e.g., 1998-Present. Work experience should be listed from most recent first.
- Duration: August 2017 to present
- Position: Instructor I
- Name of Office/unit: Visayas State University, College of Veterinary Medicine
- Immediate Supervisor: Dr. Ana Marquiza Quilicot
- Name of Agency/Organization and Location: Visayas State University, Baybay City, Leyte
 - List of Accomplishments and Contributions (if any)
 - Completion and submission of final grades of the students under the assigned subjects
 - Prepared research proposals, formed IEC materials, and participated in implemented extension services involved by the College of Veterinary Medicine
 - Has catered to various clients seeking consultation regarding their diseased companion animal, as well as sharing information regarding responsible pet ownership and rabies
 - Summary of Actual Duties
 - The work includes teaching a number of students based on the assigned subjects, including the preparation of IEC materials to be used during the lectures, formation of examination sheets and laboratory activities, correcting papers during exams, computation of grades, etc.
 - Supervises advisees conducting their undergraduate thesis in the fields of epidemiology, parasitology, bacteriology, and mycology
 - Member in different committees within the College
 - Involved in the research projects and extension duties of the College of Veterinary Medicine, and submission of its annual reports.
 - Attending Veterinarian of the CVM Clinic, catering to clients seeking consultation, home services, and basic prophylactic procedures for companion animals
- Duration: November 15, 2016 July 25, 2017
- Position: Veterinarian
- Name of Office/unit:
- Immediate Supervisor: Dr. Odysseus Camarillo
- Name of Agency/Organization and Location: Cebu Veterinary Doctors/F. Ramos St., Cebu City
 - List of Accomplishments and Contributions (if any)
 - Summary of Actual Duties

Responsible for the diagnosis of diseases presented in the clinic, treatment of said diseases, and patient management in canines and felines; establishes client-owner relationships; cater to home-services which includes vaccinations and deworming; represent the organization to veterinary conferences (e.g. VPAP); educate owners regarding responsible pet ownership and common diseases that can harm their pets.

> Joan Marie Commanes, DVM (Signature over Printed Name of Employee/Applicant)

> > Date: June 24, 2020