PERSONAL DATA SHEET

READ THE ATTACHED GUIDE 1	ion made in the Personal Data Sheet and	SHEET (PDS) BEFORE ACCOMP	LISHING THE	PDS FORM.		inal case/s again		
	() a use separate sheet if necessary. Indi	icate N/A if not applicable. DO NOT A	IBBREVIATE.		1. CS ID No.		(Do not fill up.	For CSC use only
I. PERSONAL INFORMATIO	T The state of the							
2. SURNAME	CUEVA						SM A	
FIRST NAME	SHEBELLE			NAME EXTENSION (JR., SR) N/A				
MIDDLE NAME	ALCARIA							
DATE OF BIRTH (mm/dd/yyyy)	10/01/1997	16. CITIZENSHIP	✓ Filipino □			Dual Citizenship		
4. PLACE OF BIRTH	CEBU CITY If holder of dual citizenship,				Pls. indicate country:			
5. SEX	☐ Male ☑ Female	please indicate the d	please indicate the details.					
6 CIVIL STATUS	6 CIVIL STATUS ☐ Single ☐ Married ☐ 17. RESIDENTIAL ADDRESS ☐ N/A ☐ Widowed ☐ Separated ☐ House/Block/Lot No. ☐ Other/s: ☐ N/A)					
			NA			Street GABAS		
7. HEIGHT (m)	148 cm		Subdivision/Village BAYBAY City/Municipality		Barangay LEYTE			
8. WEIGHT (kg)	45 kg	ZIP CODE		Onlyrandi incipality		Province 6521		
0 PLOOD TYPE	TYPE A+	18. PERMANENT ADDRESS		N/A		LE-LI	LANGUB	1-2
9. BLOOD TYPE 10. GSIS ID NO.	TIPE AT		Но	ouse/Block/Lot No N/A).	Street KALUNASAN		
10. GGIG ID NO.			Si	ubdivision/Village			Barangay	
11. PAG-IBIG ID NO.	1212-5869-2292			CEBU City/Municipality		CEBU Province		
12. PHILHEALTH NO.	1225-0978-6982	ZIP CODE		6000			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
13. SSS NO.	06-4356517-7	19. TELEPHONE NO.				N/A		
14. TIN NO.	770-955-390-000	20. MOBILE NO.		09974179589				
15. AGENCY EMPLOYEE NO.	V01205	21. E-MAIL ADDRESS (if any)		sh	ebelle.cu	eva@vsu.ed	lu.ph	
II. FAMILY BACKGROUND								
22. SPOUSE'S SURNAME	N/A		23. NAME of CH	HILDREN (Write	full name and l	ist all)	DATE OF BIR	TH (mm/dd/yyyy)
FIRST NAME	FIRST NAME N/A			N/A			N/A	
MIDDLE NAME	N/A		-					
OCCUPATION	N/A		1					
EMPLOYER/BUSINESS NAME	N/A		-					
BUSINESS ADDRESS	N/A			and the second				
TELEPHONE NO.	N/A							
24. FATHER'S SURNAME	CUEV	A						
FIRST NAME	MANUEL	NAME EXTENSION (JR., SR) N/A						
MIDDLE NAME	LANTIC	SE						-
25. MOTHER'S MAIDEN NAME								
SURNAME	ALCAR	RIA						
FIRST NAME	MARIT	TA .						
MIDDLE NAME	ALBAR			ır	antinua an ca	parate sheet if neces	reand .	
III. EDUCATIONAL BACKG					onance on se	parate sheet if noces	Say)	
				1				SCHOLARSHIP/
26. LEVEL	NAME OF SCHOOL (Write in full)	BASIC EDUCATION/DEGR (Write in full)	EE/COURSE	PERIOD OF /	ATTENDANCE To	HIGHEST LEVEL/ UNITS EARNED (if not graduated)	YEAR GRADUATED	ACADEMIC HONORS RECEIVED
ELEMENTARY	GUADALUPE ELEMENTARY SCHOOL	N/A		06/01/2003	03/01/2009	N/A	2009	9TH HONOR
SECONDARY	ABELLANA NATIONAL SCHOOL	N/A		06/01/2009	03/01/2013	N/A	2013	6TH HONOR
VOCATIONAL / TRADE COURSE	N/A	NA		N/A	N/A	N/A	N/A	N/A
COLLEGE	VISAYAS STATE UNIVERSITY	DOCTOR OF VETERINAR	Y MEDICINE	06/02/2013	6/14/2019	N/A	2019	PILMICO SCHOLAR
GRADUATE STUDIES	N/A	N/A	Anno Toma	N/A	N/A	N/A	N/A	N/A
		(Continue on separate sheet if nec	essary)	service and an	Tarris de Propinsi (1, 1, 1)	Automatic Control of the Control	a ogstationer	ne manifest and
SIGNATURE	Copu	*		DA	TE		JULY 15. 2021	SIGNA

	. SERVICE ELIGI	IBILITY					3		
		080 (BOARD/ BAR) UNDER VS/ CES/ CSEE	RATING (If Applicable)	DATE OF EXAMINATION /	PLACE OF EXAMINATION / CONFERMENT			LICENSE (if a	pplicable) Date of
		TY / DRIVER'S LICENSE	(If Applicable)	CONFERMENT				NUMBER	Validity
	DVM LICENSU	JRE EXAM	81.0	AUGUST 14-16, 2020	UC MAMBALI	NG, CEBU C	ITY	0010406	01.10.22
7				in the second	The transfer of the second			and the second	
	1 4		a Pipelii				3 (5) (6) (8)		
							RESERVE		
			1				- 1		
V WOR	K EXPERIENCE		(0	Continue on separate sheet if	necessary)				
		t. Start from your recent	t work) Description	on of duties should be i	ndicated in the attached	d Work Expe	rience sheet.		
28. IN	CLUSIVE DATES (mm/dd/yyyy)	POSITION T	ΠLE	DEPARTMENT / AGEN	ICY / OFFICE / COMPANY	MONTHLY	SALARY/ JOB/ PAY GRADE (if	STATUS OF	GOV'T
From	To	(Write in full/Do not	abbreviate)	(Write in full/D	o not abbreviate)	SALARY	applicable)& STEP (Format *00-0*)/ INCREMENT	APPOINTMENT	SERVICE (Y/N)
9.18.19	9.18.20	ASSOCIATE VETERINARIAN			ESS VETERINARY AND CLINICS	20000.00	N/A	CASUAL	N
				HOUTTAL	AND OLINIOS				
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facilities and			of carry		The state of the state of				
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1	20.00			Continue on separate sheet in	f necessary)		1		
SII	GNATURE		ruels	Committee and the second of th	DATE		JULY 15, 2021		
- Cit		40	aug .					S FORM 212 (Revised	2017). Page 2 of

VI. VOL	UNTARY WORK OR INVOLVEMENT I			/ENT/PEOPLE	:/VOLUNTAR	Y ORGANIZATION/S	
29.	NAME & ADDRESS OF ORGANIZATION (Write in full)	INCLUSIVE DATES (mm/dd/yyyy)		NUMBER OF HOURS	POSITION / NATURE OF WORK		
		From To					
PVMA CENTRAL VISAYAS CHAPTER		10.9.2019 PRESENT N/A		AUDITOR			
				Trumqo	stiel to and		
			1				
					es index		
			12 1 70 1 200	18 180 180 12 T	718 - 17F - 2		
			on separate sheet				
	ARNING AND DEVELOPMENT (L&D) In the most recent L&D/training program and include					Chief/Executive/Managerial positions)	
	and the second s		VE DATES OF		Type of LD		
30.	TITLE OF LEARNING AND DEVELOPMENT INTERVENTIONS/TRAINING PROGRAMS	ATTENDANCE (mm/dd/yyyy)		NUMBER OF HOURS	(Managerial/ Supervisory/	CONDUCTED/ SPONSORED BY (Write in full)	
	(Write in full)	From	То		Technical/etc)	(trino aritin)	
PVMA-C	V 20TH REGIONAL CONVENTION	08/10/2019	09/10/2019	16 HOURS	DELEGATE	PVMA-CENTRAL VISAYAS CHAPTER	
	PILMICO CONGRESS 2018	10/25/2018	10/27/2018	72 HOURS	DELEGATE	PILMICO FOODS CORF	
	CP ANNUAL SCIENTIFIC CONFERENCE AND THE GENERAL MEMBERSHIP ASSEMBLY	03/10/2021	03/10/2021	4 HOURS	PARTICIPANT	DOST NRCP	
SCIENCE DIRECT ARTICLES AND JOURNALS		1/29/2021	1/29/2021	4 HOURS	PARTICIPANT	Castanal-anieven a	
	WEBINAR	3024			and the second s	DOST PCIEERD	
	to the transfer of the transfe				7 - 18 - 27 - 22 - 10		
		- 1	20 313				
			VIIQ HY 6	gu a l	100	Dynoatalensiot.	
	or Secretary			val däv a li kamelanna		g wat i tan act taat a salaa . Ska	
	Sec. 2.	(Continue	on separate sheet	if necessary)	n gan bearadh a Bhairman a a b	nosonem see e lingualing een milie En een mee linguatielekteel voorwijn	
VIII. O	THER INFORMATION						
31.	SPECIAL SKILLS and HOBBIES	S No		STINCTIONS / RECO	GNITION	MEMBERSHIP IN 33. ASSOCIATION/ORGANIZATION	
	PAINTING	(WYTTE IN TUIL)				PVMA-CENTRAL VISAYAS	
				NONE	1	CHAPTER	
	DRAWING		en for example			250.2100.08600.200.200.80000.	
	SEWING	14.E	19 TUDA 5/60				
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			Brivana -				
		340	HONE COME Office	XTIA EV			
longer							
		(Continue	on separate sheet	if necessary)			
	SIGNATURE	ageli	N.	D	ATE	JULY 15, 2021	

			Action to the second se				
34.	Are you related by consanguinity or affinity to the appointing of chief of bureau or office or to the person who has immediate to			5 . 5			
	Bureau or Department where you will be apppointed,						
	a. within the third degree?	☐ YES ☑ NO					
	b. within the fourth degree (for Local Government Unit - Care		✓ NO				
	- Joseph South South Country of the	If YES, give details:	E NO				
			ii 125, give ueidis.				
35.	a. Have you ever been found guilty of any admir	YES	☑ NO				
			If YES, give details:				
	b. Have you been criminally charged before any	court?	☐ YES	☑ NO			
	, and a second unit		If YES, give details:				
		Date Filed:					
			Status of Case/s:				
36.	Have you ever been convicted of any crime or v	. TO INCOME TO BE SERVED TO THE SERVED T	☐ YES	✓ NO			
	ordinance or regulation by any court or tribunal?	'	If YES, give details:				
37.	Have you ever been separated from the service	(2) 이 경기 원인 (2) 보고 있었다. (2) 이 경기 원인 (2) 보고 있는 (2) 보고 있는 (2) 보고 있다. (2) 보고 있다. (2) 보고 있다.	☐ YES	✓ NO			
	resignation, retirement, dropped from the rolls, d	dismissal, termination, end of term,	If YES, give details:				
38.	a. Have you ever been a candidate in a national	or local election held within the last	□ vcc	EZ MO			
es la cons	year (except Barangay election)?	The state of the s	☐ YES If YES, give deta	✓ NO			
		·					
	b. Have you resigned from the government serv		YES give deta	✓ NO			
	period before the last election to promote/active		If YES, give details:				
39.	Have you acquired the status of an immigrant	t or permanent resident of another	☐ YES	₩ NO			
	country?		If YES, give details (country):				
40	- Pursuant to: (a) Indigenous People's Act (RA 8371); ((h) Manna Carta for Disabled Persons					
٠٠.	(RA 7277); and (c) Solo Parents Welfare Act of 2000						
	items:	, and the same and to to to the same and					
9	Are you a mambar of any indi						
a.	Are you a member of any indigenous group?		YES	✓ NO			
b.	Are you a person with disability?		If YES, please specify: ☐ YES ☑ NO				
	7 to you a porson with disability!		If YES, please specify I				
C.	Are you a solo parent?			-			
	VIE AON & SOID HAIGHT!		☐ YES ☑ NO If YES, please specify ID No:				
//1	REFERENCES (Person not related by consanguinity or affini	its to conficent (granintae)					
41.	The Enterote of a soft not related by consulting of annual	ну то аррисант /арроннее)					
	NAME	ADDRESS	TEL. NO.				
	Lotis M. Balala	VSU, Baybay City Leyte		The state of the s			
	John Anthony Cahig	Lahug, Cebu City		00			
	Ann Marie Ramirez	VSU, Baybay City Leyte					
42.	I declare under oath that I have personally accomplished		correct and complete				
	statement pursuant to the provisions of pertinent laws, rules						
	agency head/authorized representative to verify/validate the made in this document and its attachments shall cause the fil		ny misrepresentation				
	The second state of the second	o -, warming agreement of odd a cyclinot III		SHEBELLE ALCARIA CUEVA			
G	overnment Issued ID (i.e. Passport, GSIS, SSS, PRC,			400 000 000 000 000			
1000	ver's License, etc.) PLEASE INDICATE						
	overnment Issued PRC LICENSED ID	aleren					
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ID	/License/Passport 0010406	Signature (Sign inside the	ne box)				
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Ua	ate/Place of Issuar 9/10/2019 CEBU CITY	d	Right Thumbmark				
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	SUBSCRIBED AND SWORN to before me this	J AUU AILI , affiant ext	nibiting his/her validly iss	sued government ID as indicated above.			
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		The second secon		CS FORM 212 (Revised 2017), Page 4 of 4			

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 21, 2020- present
- Position: Instructor 1
- · Name of Office/Unit: Department of Veterinary Clinical Sciences
- · Immediate Supervisor: Dr.Santiago T. Peňa, Jr.
- Name of Agency/Organization and Location: College of Veterinary Medicine, Visayas State University, Visca, Baybay City, Leyte
 - List of Accomplishments and Contributions (if any)
 - 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
 - o 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.
- Duration: September 18, 2019-Sept 18, 2020
- · Position: Associate Veterinarian
- Name of Office/Unit:Medical Department
- Immediate Supervisor: Dr. Guillermo P. Zialcita
- Name of Agency/Organization and Location: A-Z Animal Wellness Veterinary Hospital and Clinics, Banilad Cebu City
 - List of Accomplishments and Contributions (if any)
 - Summary of Actual Duties
 - Responsible for vaccinating, diagnosing, and treating animal health problems, specifically cats and dogs. Performs diagnostic tests such as CBC, Blood Chemistry, microscopy, xray and ultrasound. Assist in performing surgeries.

SHEBELLE A. CUEVA

(Signature over Printed Name of Employee/Applicant)

Date: July 14, 2021