

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 () ☐ 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	CUEVA		
FIRST NAME	SHEBELLE	NAME EXTENSION (JR., SR) N/A	
MIDDLE NAME	ALCARIA		
3. DATE OF BIRTH (mm/dd/yyyy)	10/01/1997	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	CEBU CITY	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	N/A House/Block/Lot No. Street N/A GABAS Subdivision/Village Barangay BAYBAY LEYTE City/Municipality Province
7. HEIGHT (m)	148 cm	ZIP CODE	6521
8. WEIGHT (kg)	45 kg	18. PERMANENT ADDRESS	N/A LANGUB House/Block/Lot No. Street N/A KALUNASAN Subdivision/Village Barangay CEBU CEBU City/Municipality Province
9. BLOOD TYPE	TYPE A+	ZIP CODE	6000
10. GSIS ID NO.		19. TELEPHONE NO.	N/A
11. PAG-IBIG ID NO.	1212-5869-2292	20. MOBILE NO.	09974179589
12. PHILHEALTH NO.	1225-0978-6982	21. E-MAIL ADDRESS (if any)	shebelle.cueva@vsu.edu.ph
13. SSS NO.	06-4356517-7		
14. TIN NO.	770-955-390-000		
15. AGENCY EMPLOYEE NO.	V01205		

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	CUEVA			
FIRST NAME	MANUEL	NAME EXTENSION (JR., SR) N/A		
MIDDLE NAME	LANTICSE			
25. MOTHER'S MAIDEN NAME				
SURNAME	ALCARIA			
FIRST NAME	MARITA			
MIDDLE NAME	ALBARAN			

(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	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	N/A	N/A	N/A	N/A	N/A	N/A
COLLEGE	VISAYAS STATE UNIVERSITY	DOCTOR OF VETERINARY MEDICINE	06/02/2013	6/14/2019	N/A	2019	PILMICO SCHOLAR
GRADUATE STUDIES	N/A	N/A	N/A	N/A	N/A	N/A	N/A

(Continue on separate sheet if necessary)

SIGNATURE		DATE	JULY 15, 2021
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[illegible]

(Continue on separate sheet if necessary)

V. WORK EXPERIENCE

[illegible]

(Continue on separate sheet if necessary)

SIGNATURE	
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DATE

JULY 15, 2021

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		
	PVMA CENTRAL VISAYAS CHAPTER	10.9.2019	PRESENT	N/A	AUDITOR

(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)

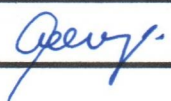
30.	TITLE OF LEARNING AND DEVELOPMENT INTERVENTIONS/TRAINING PROGRAMS (Write in full)	INCLUSIVE DATES OF ATTENDANCE (mm/dd/yyyy)		NUMBER OF HOURS	Type of LD (Managerial/ Supervisory/ Technical/etc)	CONDUCTED/ SPONSORED BY (Write in full)
		From	To			
	PVMA-CV 20TH REGIONAL CONVENTION	08/10/2019	09/10/2019	16 HOURS	DELEGATE	PVMA-CENTRAL VISAYAS CHAPTER
	PILMICO CONGRESS 2018	10/25/2018	10/27/2018	72 HOURS	DELEGATE	PILMICO FOODS CORP.
	2021 NRCP ANNUAL SCIENTIFIC CONFERENCE AND 88TH GENERAL MEMBERSHIP ASSEMBLY	03/10/2021	03/10/2021	4 HOURS	PARTICIPANT	DOST NRCP
	SCIENCE DIRECT ARTICLES AND JOURNALS WEBINAR	1/29/2021	1/29/2021	4 HOURS	PARTICIPANT	DOST PCIEERD

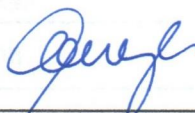

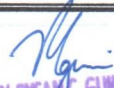
(Continue on separate sheet if necessary)

VIII. OTHER INFORMATION

31.	SPECIAL SKILLS and HOBBIES	32.	NON-ACADEMIC DISTINCTIONS / RECOGNITION (Write in full)	33.	MEMBERSHIP IN ASSOCIATION/ORGANIZATION
	PAINTING		NONE		PVMA-CENTRAL VISAYAS CHAPTER
	DRAWING				
	SEWING				

(Continue on separate sheet if necessary)

SIGNATURE		DATE	JULY 15, 2021
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<p>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,</p> <p>a. within the third degree?</p> <p>b. within the fourth degree (for Local Government Unit - Career Employees)?</p> <p>35. a. Have you ever been found guilty of any administrative offense?</p> <p>b. Have you been criminally charged before any court?</p>	<div><div><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</div><div><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</div><div>If YES, give details: _____</div></div> <div><div><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</div><div>If YES, give details: _____</div></div> <div><div><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</div><div>If YES, give details: _____</div><div>Date Filed: _____</div><div>Status of Case/s: _____</div></div>												
<p>36. Have you ever been convicted of any crime or violation of any law, decree, ordinance or regulation by any court or tribunal?</p> <p>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, dismissal, termination, end of term, resignation, retirement, dropped from the rolls?</p> <p>38. a. Have you ever been a candidate in a national or local election held within the last year (except Barangay election)?</p> <p>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</p>	<div><div><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</div><div>If YES, give details: _____</div></div> <div><div><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</div><div>If YES, give details: _____</div></div> <div><div><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</div><div>If YES, give details: _____</div></div> <div><div><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</div><div>If YES, give details (country): _____</div></div>												
<p>39. Have you acquired the status of an immigrant or permanent resident of another country?</p> <p>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:</p> <p>a. Are you a member of any indigenous group?</p> <p>b. Are you a person with disability?</p> <p>c. Are you a solo parent?</p>	<div><div><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</div><div>If YES, please specify: _____</div></div> <div><div><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</div><div>If YES, please specify ID No: _____</div></div> <div><div><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</div><div>If YES, please specify ID No: _____</div></div>												
<p>41. REFERENCES (Person not related by consanguinity or affinity to applicant /appointee)</p> <table border="1" style="width: 100%; border-collapse: collapse;"><thead><tr><th style="width: 33%;">NAME</th><th style="width: 33%;">ADDRESS</th><th style="width: 33%;">TEL. NO.</th></tr></thead><tbody><tr><td>Lotis M. Balala</td><td>VSU, Baybay City Leyte</td><td></td></tr><tr><td>John Anthony Cahig</td><td>Lahug, Cebu City</td><td></td></tr><tr><td>Ann Marie Ramirez</td><td>VSU, Baybay City Leyte</td><td></td></tr></tbody></table> <p>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.</p>		NAME	ADDRESS	TEL. NO.	Lotis M. Balala	VSU, Baybay City Leyte		John Anthony Cahig	Lahug, Cebu City		Ann Marie Ramirez	VSU, Baybay City Leyte	
NAME	ADDRESS	TEL. NO.											
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<table border="1" style="width: 100%; border-collapse: collapse;"><tr><td style="width: 60%;">Government Issued ID (i.e. Passport, GSIS, SSS, PRC, Driver's License, etc.)</td><td style="width: 40%;">PLEASE INDICATE</td></tr><tr><td>Government Issued PRC LICENSED ID</td><td></td></tr><tr><td>ID/License/Passport 0010406</td><td></td></tr><tr><td>Date/Place of Issuance 9/10/2019 CEBU CITY</td><td></td></tr></table>	Government Issued ID (i.e. Passport, GSIS, SSS, PRC, Driver's License, etc.)	PLEASE INDICATE	Government Issued PRC LICENSED ID		ID/License/Passport 0010406		Date/Place of Issuance 9/10/2019 CEBU CITY		<div><div style="text-align: center;"> Signature (Sign inside the box)</div><div style="text-align: center;">JULY 15, 2021 Date Accomplished</div></div> <div style="text-align: center;"> Right Thumbmark</div>				
Government Issued ID (i.e. Passport, GSIS, SSS, PRC, Driver's License, etc.)	PLEASE INDICATE												
Government Issued PRC LICENSED ID													
ID/License/Passport 0010406													
Date/Place of Issuance 9/10/2019 CEBU CITY													
<p>SUBSCRIBED AND SWORN to before me this 31 AUG 2021, affiant exhibiting his/her validly issued government ID as indicated above.</p> <div style="text-align: center;"><div> ATTY. RYSA L. GUINOCOR VSU City Legal Officer</div><div>Person Administering Oath</div></div>													

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. Peña, 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
- 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