CS Forth No. 212)	OATE OF		0	n a von Halber	CEI PA 1080 (BOAR	ADEED SEDVI	2 70
Revised 2017 WhiteV RESMUM	TVENU	PE	RSON	IAL DATA	A SH	IEE1	SEE RIS LICENSE	CIAL LAWSICESIC ELIGIBILITY / DRIVE	SPE BARANGAY	
WARNING: Any misinterpretation	n made in the i	Personal Dat	a Sheet and the V	Vork Experience Sheet sha	Il cause the f	iling of adm	Inistrative/ci	iminal case/s ag	ainst the pe	erson
concerned. READ THE ATTACHED GUIDE TO	FILLING OUT	THE PERSO	NAL DATA SHEE	T (PDS) BEFORE ACCOMPL	LISHING THE	PDS FORM				
Print legibly. Tick appropriate boxes (The same of the sa	rate sheet if ne	cessary. Indicate N/	A if not applicable. DO NOT AB	BREVIATE.		1. CS ID No.		(Do not fill up. I	For CSC use only
I. PERSONAL INFORMATION 2 SURNAME	PRADERA		hu	um on separate sheet if necessa	aller of the			and the control		
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2 p re proposi	MONREAL STATES		HIT MODITOR	e merupa - Aparta Ando		-23/11/2	III GG 1		VOLUSIVE DA	41 85
(mm/dd/yyyy)	(*0-00*30mo7) \$408EME(C	2/16/1994	cevere)	16. CITIZENSHIP		√ Filip	pino	Dual Citizenship		From
4. PLACE OF BIRTH YRANOGMET	TAGBI	LARAN CITY	NERSITY JOHOB,	AU STATE PAYABLY If holder of dual citize				Pls. indicate of	by natur country:	alization 9/8/2016
5. SEX	Male		Female	please indicate the d	etails.	Philippin	nes			-
6 CIVIL STATUS	✓ Single		Married	17. RESIDENTIAL ADDRESS		, MAPLE APAR				
	Widowed Other/s:		Separated		H	ouse/Block/Lot I	No.		Street	
7. HEIGHT (m)		5'9			S	Subdivision/Villa BAYBAY	ge		Barangay LEYTE	
				700.000		City/Municipalit	у	0524	Province	
8. WEIGHT (kg)		75		ZIP CODE 18. PERMANENT ADDRESS				6521		
9 BLOOD TYPE		0		TO THE WANTEN I ADDRESS	H	ouse/Block/Lot i	No.		Street	
10. GSIS ID NO.		200510984	9		S	Subdivision/Villa	ge		UBOJAN Barangay	
11. PAG-IBIG ID NO.		1211904593	74			LOON City/Municipalit	٧	BOHOL Province		
12. PHILHEALTH NO.		13-00012272	5-5	ZIP CODE				6327		
13. SSS NO.		N/A		19. TELEPHONE NO.				N/A		
14. TIN NO		001-394-49	IR.	20. MOBILE NO	0975518535			755185354		
15. AGENCY EMPLOYEE NO.		V00936		21. E-MAIL ADDRESS (if any)			cari.prade	ra@vsu.edu.	<u>pn</u>	
II. FAMILY BACKGROUND 22. SPOUSE'S SURNAME			N/A		23 NAME of C	HII DREN (Wri	te full name and	list all)	DATE OF BI	RTH (mm/dd/yyy)
FIRST NAME		N/A		NAME EXTENSION (JR., SR)	LO, TO USE OF O	THEOTIET (THE	N/A	not on)		N/A
MIDDLE NAME			N/A	N/A						
OCCUPATION			N/A							
EMPLOYER/BUSINESS NAME			N/A							
BUSINESS ADDRESS			N/A						-	
TELEPHONE NO.		The state of the s	N/A							
24. FATHER'S SURNAME			PRADERA							
FIRST NAME		LEONARD	0	NAME EXTENSION (JR., SR) JR						
MIDDLE NAME			GUTIEREZ							
25. MOTHER'S MAIDEN NAME		CARMEL	ITA CORITICO M	IONREAL						
SURNAME			MONREAL				Abajo a man mandata de			
FIRST NAME			CARMELITA							
MIDDLE NAME			CORITICO			(C	ontinue on sep	arate sheet if neces	sary)	
III. EDUCATIONAL BACKGR	ROUND									
26. LEVEL		NAME OF SCHO		BASIC EDUCATION/DEGRI	EE/COURSE	PERIOD OF	ATTENDANCE	HIGHEST LEVEL UNITS EARNED	YEAR GRADUATE	SCHOLARSHIP ACADEMIC
		(llut ni etirW) July 26, 2018	DATE	(Write in full)		From	То	(if not graduated)	BRUTANE	HONORS
ELEMENTARY TO S Products \$15 HIGHO	CANIGA	AN-UBOJAN ELI		ELEMENTARY DIPLO	AMO	6/1/2000	4/1/2006	N/A	2006	VALEDICTO RIAN
SECONDARY	SANDING	AN NATIONAL I	NATIONAL HIGH SCHOOL HIGH SCHO		OMA	6/1/2006	4/1/2010	N/A	2010	VALEDICTO RIAN
VOCATIONAL / TRADE COURSE		N/A	17812							
COLLEGE	VISA	YAS STATE UNI	IVERSITY	DOCTOR OF VETERINARY	Y MEDICINE	6/1/2010	3/31/2106	N/A	2016	
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GRADUATE STUDIES		N/A								
GRADUATE STUDIES GRADUATE STUDIES		N/A N/A	,	ntlinue on separate sheet if neca						

7. CAR		1080 (BOARD/ BAR) UNDER AWS/ CES/ CSEE	DATE OF EXAMINATION /				LICENSE (IF ap	policable) Date of
В		AWS/CES/CSEE LITY / DRIVER'S LICENSE (If Applicable)	CONFERMENT		PLACE OF EXAMINATION / CONFERMENT			
VETER	INARY MEDICIN	NE LICENSURE EXAM mbs to unit 82.2; saus	Aug. 23, 24, and 26	x3 wow ent by CAGAYA	N DE ORO	made in the l	nisin 8888 tation	2/16/2019
n For CSC us	n int ton oG)	HING THE PDS FORM.	BEFORE ACCOMPLIS	THE PERSO	FILLING OUT	CHED GUIDE TO	Tribut. Trib ATTA	
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			ntinue on separate sheet if	necessary)		RADERA		7 PMAKE
	EXPERIENCE ivate employme	nt Start from your recent work) Description	n of duties should be i	ndicated in the attached	Work Exper	ience sheet.		2004 10
28. INC	LUSIVE DATES (mm/dd/yyyy)	POSITION TITLE		NCY/OFFICE/COMPANY	MONTHLY	SALARY/ JOB/ PAY GRADE (if	STATUS OF	GOVT
From	To	(Write in full/Do not abbreviate)	(Write in full/I	SALARY	applicable)& STEP (Format *00-0*)/ INCREMENT	APPOINTMENT	SERVICE (Y/ N)	
9/6/2016	PRESENT	INSTRUCTOR 1	VISAYAS STA	ATE UNIVERSITY OHOS	ARAN CIT	TAG81	TEMPORARY	YES
		s. Philippines	please indicate the deter	T Tremule		SIMP		
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	edu.ph	carl.pradera@vse	ALL ADDRESS (dany)	24. E-M	V00936		ON 35Y	DJEME YOU
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pb/mm) HTRIB	E DATE PE	LNAME of CHILDREN (Write full name and list all)		AW .	2.5		3/4/0	OUSES SUF
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SIGI	NATURE		AMO DIVINA	DATE	July 26, 2018	A A POPULAR CO	FORM 212 (Revised 20	(7) Page 2 of 1
RIAN	2006	AIM (account of 1/a)	ELEMENTARY DIPLOMA	EW SCHOOL	N-DBOTVN EF	AADMAD CS	TORM 212 (Revised 20	, Fage 2 of 4
VALEDI	2010	6/1/2006 4/1/2010 NIA	HIGH SCHOOL DIPLOMA	HIGH SCHOOL	N NATIONAL I	SANDING		CONGARY
					АИ			CATIONAL ADE COURSE
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VI. VOLUNTARY WORK OR INVOLVEMENT	IN CIVIC)	PEOPLE / VOL	LUNTARY OR	GANIZATION	all a Vi	at in the proprior of the service of
29. NAME & ADDRESS OF (Write in fi			VE DATES (d/yyyy)	NUMBER OF HOURS	betnioggge	POSITION / NATURE OF WORK OF 10 US 91118
ON IV	From	То			a within the third degree?	
COLLEGE SUPREME STUDENT COUN	6/1/2010	4/1/2011 yolg	1 YEARSO -	FIRST YEAR	b. within the fourth degrational degration of the court o	
DOG OWNERS CLUB (DOC)	6/1/2014	4/1/2016	2 YEARS	MEMBER		
PHILIPPINE VETERINARY MEDICAL ASSOCIA	9/1/2016	LIFETIME	LIFETIME OV	. Have you ever been found guilty of any acadaman		
VSU-FACULTY ASSOCIATION (VSU-FA)	9/1/2016	PRESENT	2 YEARS	MEMBER		
VENERABLE KNIGHTS AND LADY VETERINAR SORORITY (VKLV)	RIANS FRATERNITY AND	6/1/2016	5/1/2017	1 YEAR	ADVISER	
PHILIPPINE ASSOCIATION OF LABORATORY	ANIMAL SCIENCE (PALAS)	5/1/2018	5/1/2019	1 YEAR	MEMBER	b. Have you been criminally charged bet
	Date Filed:		2			
VII. LEARNING AND DEVELOPMENT (L&D)	INTERVENTIONS TRAINING OR	ntinue on separate	sheel if necessary	1)		
(Start from the most recent L&D/training program and incli				hief/Executive Man.		
30. TITLE OF LEARNING AND DEVELOPMENT INT	ERVENTIONS/TRAINING PROGRAMS		DATES OF		Type of LD (Managerial/	CONDUCTED/ SPONISORED BY
(Write in fu		(mm/d	id/yyyy)	NUMBER OF HOURS	Supervisory/ S Technical/etc)	CONDUCTED/ SPONSORED BY (Write in full) of timent belia rages need rever uply eyely. Te
ANIMAL DISEASE DETECTION SEMINAR	ised out If YES; give details	From 2016	To 2016	1 DAY	ssal, termina	COLLEGE OF VETMED - VISAYAS STATE U
PILMICO SEMINAR IN ANIMAL PRODUCTION AND IN	NANAGEMENT 198	oke) rsey 2016	edt nidtiv2016	notiday iso	national or lo	gg. a. Have you ever been a candi COIMIN
ORIENTATION SEMINAR FOR NEWLY HIRED FACUL	If YES, give deta	2016	2016	1 DAY		VISAYAS STATE UNIVERSITY
EFFECTIVE TEACHING STRATEGY SEMINAR	ne last YES	2016	2016	endiadipolis	ent service di	VISAYAS STATE UNIVERSITY
RESCUE IN STRANDED MARINE ANIMALS	Sign and Sign and the dela	2016	2016	1 DAY	r s apiten e v	VETERINARY PRACTITIONERS ASSOCIATION OF
ANNUAL SCIENTIFIC CO	NEERENCE OFFICE	6/22/2017	6/23/2017	ahiam thansa 2 DAYS	igrapt or peg	THE PHILIPPINES and harrings tray aveil LARGE ANIMAL MARINE VERTEBRATES
ORIENTATION AND WORKSHOP OF ANIMAL WEL	FARE ENFORMCEMENT OFFICERS	10/26/2017	10/27/2017	2 DAYS		DEPARTMENT OF AGRICULTURE-BUREAU OF
FIRST SCIENTIFIC CON	FERENCE	5/22/2018	5/22/2018	1 DAY OBM (d	(RA 8371);	ANIMAL INDUSTRY PHILIPPINE COLLEGE OF LABORATORY ANIMAL
30TH ANNUAL SCIENTIFIC CONFERENCE AND WOR		5/23/2018	5/25/2018	3 DAYS	1 of 2000 (RA	PHILIPPINE ASSOCIATION OF LABORATORY
ON	If YES, please specific	0/20/2010	0/20/2010	S DATS	Squo	ANIMAL SCIENCE is to redment is uov sta
ON [V]	TYES THE					Are you a person with disability?
AND ADDRESS OF THE PARTY OF THE	If YES, please specif					Are you a solo parent?
NO None yet	II YES, please specif					Alle you a solo paleint a
Service and the Service of the Art of the Service o	THE STATE OF THE S	The Confederation of the	(90	pplicant /appoint	s of whinite to which	41. REFERENCES (Person not related by consangur
Committee of the Commit	ON JET	ORESS	iA .	2 1 1	N 408 CU (400 CO	NAME NAME OF THE PROPERTY OF T
ID picture taken within the last 6 mention 3.5 cm. X 4.5 cm	9176341472	aybay, Leyte	Visca, B		A	DR. EUGENE B. LAÑA
(passport size)	9435083300	aybay, Leyte			A CONTRACTOR OF THE CASE	DR. LOTIS M. BALAL
With full and handwritten neme see and signature over printed name						
Computer generated	9061919698	aybay, Leyle				DR. AGNES M. TAVER
or photocopied picture is not acceptable		The second secon				42. I declare under oath that I have per complete statement pursuant to the
OTOHS	ents stated herein. 1 all cause the filing of					Philippines Lauthorize the agency he agree that any misrepresentation
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VIII. OTHER INFORMATION						
31. SPECIAL SKILLS and HOBBIES	32. NON	I-ACADEMIC DISTIN (Write	CTIONS / RECOGI	NITION	Suance	33. MEMBERSHIP IN ASSOCIATION/ORGANIZATION (Write in full)
COMPUTER LITERATE		None				PHILIPPINE VETERINARY MEDICAL ASSOCIATION
GOOD COMMUNICATION SKILLS	(xod ett) sign ingide (sign ingide the box)					PHILIPPINE ASSOCIATION OF LABORATORY ANIMAL SCIENCE
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SIGNATURE	MAN TO	1	Francisco de como	Di	ATE	July 26, 2017 CS FORM 212 (Revised 2017), Page 3 of 4

34. Are you related by consanguinity or affinity to the Inti	ng or recommending a	uthority, or to the			
chief of bureau or office or to the person who has immedia Bureau or Department where you will be apppointed,		u in the Office,		29. NAME & ADDRESS C	
a. within the third degree?		and a	YES V] NO	
b. within the fourth degree (for Local Government Unit - C	areer Employees)?	6/1/2010	MCIL (CSSZ) U	COLLEGE SUPREME STUDENT PO	
MEMBER	4/1/2016 2 YEARS	6/1/2014	If YES, give details:	OG OWNERS CLUB (DOC)	
35. a. Have you ever been found guilty of any administrative of	Managa Jalia II	9/1/2016	C VE (AMV9) MOITA	HILIPPINE VETERINARY MEDICAL ASSOCIATION	
	PRESENT 2 YEARS	9/1/2016	If YES, give details:	SU-FACULTY ASSOCIATION (VSU-FA)	
				ENEGABLE MAIGHTS AND LADY VETERIN	
ADVISER	5/1/2017 1 YEAR	8/1/2016	☐ YES [ORORITY (VKLV)	
b. Have you been criminally charged before any court?	SHI2019 1 YEAR	5) 5/1/2018	If YES, give details:	HILIPPINE ASSOCIATION OF LABORATOR	
			Date Filed:		
	Sytte 25 Sept 1 Sept 1	(Continue on separate	Status of Case/s:		
36. Have you ever been convicted of any crime or violation of any court or tribunal?	any law, decree, ordin	ance or regulation by	YES If YES, give details:	✓ NO	
Oute say?	EDATES OF S			Trumpion of the man of the Comment (20, 200	
37. Have you ever been separated from the service in any of	H 16 REBUILT		(RD)	✓ NO	
retirement, dropped from the rolls, dismissal, termination,	end of term, finished o	ontract or phased out		IIMAL DISEASE DETECTION SEMINAR	
(abolition) in the public or private sector?	2016 1 DAY	2016			
38. a. Have you ever been a candidate in a national or local of Barangay election)?	election held within the	last year (except	If YES, give details	MICO SEMINAR IN ANIMAL PRODUCTION	
Barangay election)?		ariad before the last	YES YES	WEST ATION SERVINGS FOR MEW Y VIDED EACH FECTIVE TEACHING STRATEGY SERVING	
election to promote/actively campaign for a national or lo	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?				
39. Have you acquired the status of an immigrant or permana	ent resident of another	country?	YES WAS destable	ANNUAL SCHWING	
DEPARTMENT OF AGRICULTURE BUREAU OF			If YES, give details (country): AUMMA THE		
40 Pursuant to: (a) Indigenous People's Act (RA 8371); (b) I	Magna Carta for Disabl				
7277); and (c) Solo Parents Welfare Act of 2000 (RA 89)	72), please answer the	following items:		FIRST SCIENTIFIC CO	
a. Are you a member of any indigenous group?	6/25/2018 3 DAYS	5/23/2018	YES	TH ANNUAL SCIENTIFIC CONFERENCE AND WIC	
4 4 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			If YES, please specify:	-	
b. Are you a person with disability?			If YES, please specify	ID No:	
c. Are you a solo parent?			If YES, please specify ID No: None yet		
41. REFERENCES (Person not related by consanguinity or affinity to applic	ant /appointee)				
NAME		DDRESS	TEL NO.		
DR. EUGENE B. LAŇADA		aybay, Leyte	9176341472		
				(96)	
DR. LOTIS M. BALALA	Visca, B	aybay, Leyte	9435083300		
DR. AGNES M. TAVEROS		aybay, Leyte	9061919698		
42. I declare under oath that I have personally accomplise complete statement pursuant to the provisions of per Philippines. I authorize the agency head/authorized repr agree that any misrepresentation made in this of administrative/criminal case/s against me.	ertinent laws, rules an resentative to verify/val	nd regulations of the idate the contents sta	Republic of the ted herein.	CARL LEONARD M. PRADERA	
Government Issued ID (i.e.Passport, GSIS, SSS, PRC, Driver's License, etc.) PLEASE INDICATE ID Number and Date of Issuance	CTION RECOGNITION	Ass	7	SPECE SPECE	
Government Issued ID; GAMPRC ID; BUIGGIJHG	1	AAA	8		
ID/License/Passport No. TA 8888 A SANIGOLIHO		Signature (Sign inside the	box)	2//	
Date/Place of Issuance: 09/2/2016PRC	July	26, 2018 Date Accomplished		Right Thumbmark	
SUBSCRIBED AND SWORN to before me this	AUG 0 1 201	g, affiant exhibit	ting his/her validly issued g	overnment ID as indicated above.	
DATE July 26, 2017	ATTY. RY	AN C. GUINO		SIGNATURE	
JIAO				CS FORM 212 (Revised 2017) Page 4	