

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	CORMANES		
FIRST NAME	JOAN MARIE	NAME EXTENSION (JR., SR) N/A	
MIDDLE NAME	YGOT		
3. DATE OF BIRTH (mm/dd/yyyy)	01/04/1993	16. CITIZENSHIP	<input checked="" type="checkbox"/> Filipino <input type="checkbox"/> Dual Citizenship
4. PLACE OF BIRTH	Ormoc City	If holder of dual citizenship, please indicate the details.	<input checked="" type="checkbox"/> by birth <input type="checkbox"/> by naturalization
5. SEX	<input type="checkbox"/> Male <input checked="" type="checkbox"/> Female		Pls. indicate country:
6. CIVIL STATUS	<input checked="" type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Other/s:	17. RESIDENTIAL ADDRESS	Philippines
7. HEIGHT (m)	148	Maple Apartments N/A	
8. WEIGHT (kg)	62.5	House/Block/Lot No. Street	
9. BLOOD TYPE	B	N/A Guadalupe	
10. GSIS ID NO.	2005283394	Subdivision/Village Barangay	
11. PAG-IBIG ID NO.	917020099536	Baybay Leyte	
12. PHILHEALTH NO.	13-025377160	City/Municipality Province	
13. SSS NO.	06-3939823-5	18. PERMANENT ADDRESS	
14. TIN NO.	335-512-751-0000	N/A Melbourne Street	
15. AGENCY EMPLOYEE NO.	V01031	House/Block/Lot No. Street	
		N/A Brgy. Dona Feliza Mejia	
		Subdivision/Village Barangay	
		Ormoc City Leyte	
		City/Municipality Province	
		N/A	
		19. TELEPHONE NO.	593-1973
		20. MOBILE NO.	09190756770
		21. E-MAIL ADDRESS (if any)	joanmarie.cormaneshvsu.edu.ph

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	Cormanesh			
FIRST NAME	Juanito	Jr		
MIDDLE NAME	Baring			
25. MOTHER'S MAIDEN NAME				
SURNAME	Ygot			
FIRST NAME	Maria Rosa			
MIDDLE NAME	Diano			

(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	Omroc Se San School	Elementary Certificate	2000	2005	Graduated	2006	N/A
SECONDARY	New Omroc City National High School	High School Diploma	2005	2009	Graduated	2009	N/A
VOCATIONAL / TRADE COURSE	N/A	N/A	N/A	N/A	N/A	N/A	N/A
COLLEGE	Visayas State Universtiy	Doctor of Veterinary Medicine	2009	2016	Graduated	2016	N/A
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		
	N/A	N/A	N/A	N/A	N/A

(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			
	Health Management in Aquaculture (AquaHealth Online)	1/11/2021	4/17/2021	410.0	Trainee	Southeast Asian Fisheries Development Center: Aquaculture Department
	4th Boehringer Ingelheim Companion Animal Technical Forum - Online Episode 6: Tackling Triage	10/22/2020	10/22/2020	3.0	Participant	Boehringer Ingelheim
	4th Boehringer Ingelheim Companion Animal Technical Forum - Online Episode 1: IV Fluid Therapy - Stabilizing the Shock Patient and Electrolyte Emergencies	8/13/2020	8/13/2020	3.0	Participant	Boehringer Ingelheim
	Webinar in Flexible Learning Modalities and Techniques	7/4/2020	7/4/2020	3.0	Participant	Eastern Visayas Higher Education Institutions Flexible Learning Management System Consortium (EVHEIs-FLMSC)
	Philippine Veterinary Medical Association (PVMA): 87th Annual Convention and Scientific Conference	2/19/2020	2/21/2020	27.0	Delegate	Philippine Veterinary Medical Association (PVMA)
	Philippine Veterinary Medical Association (PVMA): 86th Annual Convention and Scientific Conference	2/20/2019	2/22/2019	27.0	Delegate	Philippine Veterinary Medical Association (PVMA)
	Philippine Veterinary Medical Association (PVMA): 85th Annual Convention and Scientific Conference	2/14/2018	2/16/2018	27.0	Delegate	Philippine Veterinary Medical Association (PVMA)
	Philippine Animal Hospital Association (PAHA): 24th Annual Conference	10/3/2018	10/5/2018	27.0	Delegate	Philippine Animal Hospital Association (PAHA)
	Veterinary Practitioners Association of the Philippines (VPAP): 45th Annual Scientific Conference	6/22/2017	6/23/2017	16.0	Delegate	Veterinary Practitioners Association of The Philippines (VPAP)

(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 (Write in full)
	Playing muscial instruments		Delegate for Leyte on Viva Excon (Visayas Island Visual Arts Exhibition and Conference) on Nov. 9-11, 2018 at Roxas City, Capiz, Philippines		Veterinary Practitioners Association of the Philippines
	Cooking		Participant for the 2019 Sihag National Watercolor Competition hosted by Ceby Watercolor Society		Philippine Veterinary Medical Association
	Painting				Kasugbong Visual Arts Group

(Continue on separate sheet if necessary)

SIGNATURE		DATE	July 15, 2021
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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, a. within the third degree? b. within the fourth degree (for Local Government Unit - Career Employees)?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If YES, give details: _____
35. a. Have you ever been found guilty of any administrative offense? b. Have you been criminally charged before any court?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If YES, give details: _____ <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If YES, give details: _____ Date Filed: _____ 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 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 checked="" type="checkbox"/> YES <input type="checkbox"/> NO If YES, give details: _____ Family-related
38. a. Have you ever been a candidate in a national or local election held within the last year (except Barangay election)? 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 If YES, give details: _____ <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO 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 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: a. Are you a member of any indigenous group? b. Are you a person with disability? c. Are you a solo parent?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If YES, please specify: _____ <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If YES, please specify ID No: _____ <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If YES, please specify ID No: _____

41. REFERENCES (Person not related by consanguinity or affinity to applicant /appointee)		
NAME	ADDRESS	TEL. NO.
Ana Marquiza M. Quillicot	Baybay City	9190611693
Harvie P. Portugaliza	Baybay City	9151103361
Lotis M. Balala	Baybay City	9359680818
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.		



JOAN MARIE Y. CORMANES

Government Issued ID (i.e. Passport, GSIS, SSS, PRC, Driver's License, etc.) PLEASE INDICATE ID Number and Date of Issuance	
Government Issued ID:	VSU ID
ID/License/Passport No.:	No. V01031
Date/Place of Issuance:	VSU, Baybay City 08/04/2017

Signature (Sign inside the box)
July 15, 2021
Date Accomplished



Right Thumbmark

SUBSCRIBED AND SWORN to before me this 31 AUG 2021, affiant exhibiting his/her validly issued government ID as indicated above.

 ATTY. RYSAUNNE GUINOCOR VSU Chief Legal Officer
Person Administering Oath


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, and 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 1
- Name of Office/Unit: Visayas State University, College of Veterinary Medicine
- Immediate Supervisor: Dr. Lotis M. Balala
- 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 clients for vaccination and consultation with their pets, as well as extend service for the initialization of the College of Veterinary Medicine Veterinary Teaching Hospital
 - Corrected and Approved thesis outlines of students under SRC Membership
 - Attendance to veterinary-related trainings and seminars
- 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, laboratory activities, correcting papers during exams, computation of grades, etc.
 - Supervises advisees conducting their undergraduate thesis
 - Member of different committees within the College
 - Involved and participated in the extension services of the College of Veterinary Medicine
 - Facilitated in the initialization of the College of Veterinary Medicine-Veterinary Teaching Hospital and caters to clients seeking vaccination and consultation services.
- Duration: November 15, 2016- July 25, 2017
- Position: Veterinarian
- Name of Office/Unit: Cebu Veterinary Doctors
- 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 dewormings;
- represent the organization to veterinary conferences (i.e. VPAP); educate owners regarding responsible pet ownership and common diseases that can harm their pets.


JOAN MARIE Y. CORMANES
(Signature over Printed Name
of Employee/Applicant)

Date: July 15, 2021