

CS Form No. 212
Revised 2017

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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
PRADERA

FIRST NAME
CARL LEONARD

MIDDLE NAME
MONREAL

3. DATE OF BIRTH
(mm/dd/yyyy)
02/16/1994

4. PLACE OF BIRTH
TAGBILARAN CITY, BOHOL

5. SEX
☒ Male ☐ Female

6. CIVIL STATUS
☒ Single
☐ Widowed
☐ Other/s:

7. HEIGHT (m)
1.74

8. WEIGHT (kg)
75

9. BLOOD TYPE
O

10. GSIS ID NO.
CRN 021-1885-5566-7

11. PAG-IBIG ID NO.
121190459374

12. PHILHEALTH NO.
13-000122725-5

13. SSS NO.
N/A

14. TIN NO.
001-394-498

15. AGENCY EMPLOYEE NO.
V00936

16. CITIZENSHIP
☒ Filipino ☐ Dual Citizenship
☒ by birth ☐ by naturalization
Pis. indicate country:

17. RESIDENTIAL ADDRESS
House/Block/Lot No. Street
MABOLO MEN'S DORMITORY VISAYAS STATE UNIVERSITY
Subdivision/Village Barangay
BAYBAY CITY LEYTE
City/Municipality Province
ZIP CODE 6521-A

18. PERMANENT ADDRESS
House/Block/Lot No. Street
UBOJAN
Subdivision/Village Barangay
LOON BOHOL
City/Municipality Province
ZIP CODE

19. TELEPHONE NO.
6327

20. MOBILE NO.
09755185354

21. E-MAIL ADDRESS (if any)
doc.carlpradera@gmail.com

II. FAMILY BACKGROUND

22. SPOUSE'S SURNAME
N/A

FIRST NAME
N/A

MIDDLE NAME
N/A

OCCUPATION
N/A

EMPLOYER/BUSINESS NAME
N/A

BUSINESS ADDRESS
N/A

TELEPHONE NO.
N/A

23. NAME of CHILDREN (Write full name and list all)
N/A

DATE OF BIRTH (mm/dd/yyyy)
N/A

24. FATHER'S SURNAME
PRADERA

FIRST NAME
LEONARDO

MIDDLE NAME
GUTIERREZ

25. MOTHER'S MAIDEN NAME

SURNAME
MONREAL

FIRST NAME
CARMELITA

MIDDLE NAME
CORITICO

(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
From To

HIGHEST LEVEL/
UNITS EARNED
(If not graduated)

YEAR
GRADUATED

SCHOLARSHIP/
ACADEMIC
HONORS
RECEIVED

ELEMENTARY

CANIGAAAN-UBOJAN ELEMENTARY SCHOOL

ELEMENTARY GRADUATE

6/1/2000 04/31/2006

2006

VALEDICTO
RIAN

SECONDARY

SANDINGAN NATIONAL HIGH SCHOOL

HIGH SCHOOL GRADUATE

6/1/2006 04/31/2010

2010

VALEDICTO
RIAN

VOCATIONAL /
TRADE COURSE

N/A

N/A

N/A N/A

N/A

N/A

COLLEGE

VISAYAS STATE UNIVERSITY

DOCTOR OF VETERINARY MEDICINE

6/1/2010 4/13/2016

2016

GRADUATE STUDIES

(Continue on separate sheet if necessary)

SIGNATURE

DATE


JUNE 26, 2019

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[illegible]

V. WORK EXPERIENCE

[illegible]

SIGNATURE		DATE	JUNE 26, 2019	CS FORM 212 (Revised 2017), Page 2 of 4
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VI. VOLUNTARY WORK OR INVOLVEMENT IN CIVIC / NO GOVERNMENT / PEOPLE / VOLUNTARY ORGANIZATIONS

29A	NAME & ADDRESS OF ORGANIZATION (Write in full)	INCLUSIVE DATES (mm/dd/yyyy)		NUMBER OF HOURS	POSITION / NATURE OF WORK
		From	To		
	PHILIPPINE VETERINARY MEDICAL ASSOCIATION (PVMA)	1/9/2016	Lifetime	Lifetime	MEMBER
	PHILIPPINE ASSOCIATION OF LABORATORY ANIMAL SCIENCE (PALAS)	5/24/2018	5/24/2019	1 YEAR	MEMBER
	PHILIPPINE SOCIETY OF ANIMAL SCIENCE (PSAS)	10/18/2018	10/18/2019	1 YEAR	MEMBER
	MABOLO MEN'S DORMITORY, VISAYAS STATE UNIVERSITY	10/1/2018	PRESENT	approx 1 YEAR	ASSISTANT ADVISER
	VENERABLE KNIGHTS AND LADY VETERINARIAN FRATERNITY AND SORORITY	8/1/2017	PRESENT	2 YEARS	ADVISED
	VISAYAS STATE UNIVERSITY CREDIT COOPERATIVE	6/17/2019	LIFETIME	LIFETIME	MEMBER
	VISAYAS STATE UNIVERSITY FACULTY ASSOCIATION	9/6/2016	LIFETIME	LIFETIME	MEMBER

(Continue on separate sheet if necessary)

VII. LEARNING AND DEVELOPMENT (L&D) INTERVENTIONS/TRAINING PROGRAMS ATTENDED


[illegible]

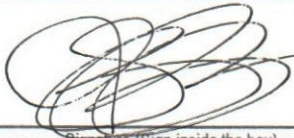
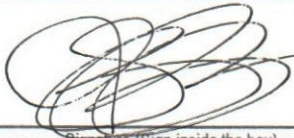
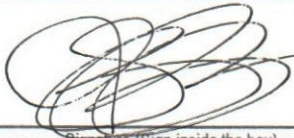






(Continue on separate sheet if necessary)

VIII. OTHER INFORMATION

31. SPECIAL SKILLS and HOBBIES	32. NON-ACADEMIC DISTINCTIONS / RECOGNITION (Write in full)	33. MEMBERSHIP IN ASSOCIATION/ORGANIZATION (Write in full)
Cooking		Philippine Veterinary Medical Association
Playing table tennis		Phil. Association of Lab Animal Science
		Phil. Society of Animal Science
		VSU - Credit Cooperative
		VSU- Faculty Association

(Continue on separate sheet if necessary)

SIGNATURE		DATE	June 26, 2019
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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 type="checkbox"/> YES <input checked="" type="checkbox"/> NO If YES, give details: _____												
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: <u>None yet</u>												
41. REFERENCES (Person not related by consanguinity or affinity to applicant /appointee)													
<table><thead><tr><th>NAME</th><th>ADDRESS</th><th>TEL. NO.</th></tr></thead><tbody><tr><td>Dr. Eugene Lañada</td><td>Visca, Baybay, Leyte</td><td>9176341472</td></tr><tr><td>Dr. Lotis Balala</td><td>Visca, Baybay, Leyte</td><td>9359680818</td></tr><tr><td> </td><td> </td><td> </td></tr></tbody></table>		NAME	ADDRESS	TEL. NO.	Dr. Eugene Lañada	Visca, Baybay, Leyte	9176341472	Dr. Lotis Balala	Visca, Baybay, Leyte	9359680818			
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Dr. Eugene Lañada	Visca, Baybay, Leyte	9176341472											
Dr. Lotis Balala	Visca, Baybay, Leyte	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.													
<table><tr><td>Government Issued ID (i.e. Passport, GSIS, SSS, PRC, Driver's License, etc.) PLEASE INDICATE ID Number and Date of Issuance</td></tr><tr><td>Government Issued ID: PRC ID</td></tr><tr><td>ID/License/Passport No.: 8888</td></tr><tr><td>Date/Place of Issuance: 09/2/2016/PRC-Tacloban</td></tr></table>	Government Issued ID (i.e. Passport, GSIS, SSS, PRC, Driver's License, etc.) PLEASE INDICATE ID Number and Date of Issuance	Government Issued ID: PRC ID	ID/License/Passport No.: 8888	Date/Place of Issuance: 09/2/2016/PRC-Tacloban	<table><tr><td></td></tr><tr><td>Signature (Sign inside the box)</td></tr><tr><td>June 26, 2019</td></tr><tr><td>Date Accomplished</td></tr></table>		Signature (Sign inside the box)	June 26, 2019	Date Accomplished				
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	<table><tr><td></td></tr><tr><td>Right Thumbmark</td></tr></table>		Right Thumbmark										
													
Right Thumbmark													
SUBSCRIBED AND SWORN to before me this <u>20 AUG 2019</u> , affiant exhibiting his/her validly issued government ID as indicated above.													
<table><tr><td></td></tr><tr><td>ATTY. RYSAN C. GUINOCOR</td></tr><tr><td>VSU LEGAL OFFICER</td></tr><tr><td>Person Administering Oath</td></tr></table>			ATTY. RYSAN C. GUINOCOR	VSU LEGAL OFFICER	Person Administering Oath								
													
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WORK EXPERIENCE SHEET

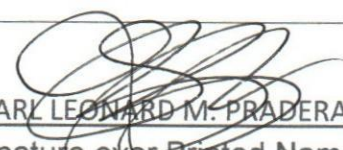
Instructions: 1. Include only the work experiences relevant to the position being applied for.

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 2016 – present
- Position: Instructor I
- Name of Office/Unit: College of Veterinary Medicine
- Immediate Supervisor: Eugene B. Lañada
- Name of Agency/Organization and Location: Visayas State University

- List of Accomplishments and Contributions (if any)
 - Imparts theoretical knowledge and hands-on training to veterinary student as their instructor
 - Prepares research proposal
 - Implements research and extension services of the college
 - Member on revising the Doctor of Veterinary Medicine curriculum
 - Spearheaded the processing of documents in Area III for AACUP accreditation
 - Arranges schedules of meeting within the college
 - Records and prepares minutes of the every meetings in the college

- Summary of Actual Duties
 - Responsible for carrying instructions for subjects taught; assisted students on their research studies; conducted research as part of the project of the college; attended extension works of the college; records and prepares minutes and schedules meetings of the college as the secretary.


CARL LEONARD M. PRADERA
(Signature over Printed Name
of Employee/Applicant)

Date: June 26, 2019