

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	TEVES		
FIRST NAME	KAREN LUZ	NAME EXTENSION (JR., SR) N/A	
MIDDLE NAME	YAP		
3. DATE OF BIRTH (mm/dd/yyyy)	3/24/1971	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 type="checkbox"/> Single <input checked="" 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 MIRAMBEL HOMES, GABAS Subdivision/Village Barangay BAYBAY CITY LEYTE City/Municipality Province
7. HEIGHT (m)	2.59 m	ZIP CODE	6521
8. WEIGHT (kg)	73 kgs	18. PERMANENT ADDRESS	N/A House/Block/Lot No. Street MIRAMBEL HOMES, GABAS Subdivision/Village Barangay BAYBAY CITY LEYTE City/Municipality Province
9. BLOOD TYPE	"O"	ZIP CODE	6521
10. GSIS ID NO.	006-0087-0544-0	19. TELEPHONE NO.	N/A
11. PAG-IBIG ID NO.	1700-0032-4364	20. MOBILE NO.	9069267236
12. PHILHEALTH NO.	15-000058786-0	21. E-MAIL ADDRESS (if any)	kartevs@yahoo.ca
13. SSS NO.	N/A		
14. TIN NO.	922-430-157		
15. AGENCY EMPLOYEE NO.	VOO739		

II. FAMILY BACKGROUND

22. SPOUSE'S SURNAME	TEVES		23. NAME of CHILDREN (Write full name and list all)	DATE OF BIRTH (mm/dd/yyyy)
FIRST NAME	ALDWIN	NAME EXTENSION (JR., SR) N/A	JOJI MARIE Y. TEVES	9/16/1997
MIDDLE NAME	MANAPSAL		JOI OWEN Y. TEVES	4/25/2001
OCCUPATION	TEACHING		JAMES ALD Y. TEVES	5/18/2003
EMPLOYER/BUSINESS NAME	CPSU		JERALDINE FAITH Y. TEVES	7/30/2008
BUSINESS ADDRESS	KAB. CITY, NEGROS OCCIDENTAL			
TELEPHONE NO.	N/A			
24. FATHER'S SURNAME	YAP			
FIRST NAME	PEDRO	NAME EXTENSION (JR., SR) N/A		
MIDDLE NAME	MAURILLO			
25. MOTHER'S MAIDEN NAME				
SURNAME	PACETES			
FIRST NAME	ESTRELLA			
MIDDLE NAME	UMACOB			

(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	Baybay South Central School		1977	1983		1983	
SECONDARY	Experimental Rural High School		1983	1987		1987	
VOCATIONAL / TRADE COURSE	N/A						
COLLEGE	Visayas State College of Agriculture	BS Food Tech	1987	1991		1991	
GRADUATE STUDIES	Leyte State University, University of the Phil. Los Baños, Laguna	MS Ag. Extension PhD Food Science	1997 2009	2000 2012		2000 2015	


(Continue on separate sheet if necessary)

SIGNATURE		DATE	07/05/19
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[illegible]

V. WORK EXPERIENCE
(Include private employment. Start from your recent work) Description of duties should be indicated in the attached Work Experience sheet.

[illegible]

SIGNATURE		DATE	7/5/19
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VI. VOLUNTARY WORK OR INVOLVEMENT IN CIVIC / GOVERNMENT / PEOPLE / VOLUNTARY ORGANIZATION

29.	NAME & ADDRESS OF ORGANIZATION (Write in full)	INCLUSIVE DATES (mm/dd/yyyy)		NUMBER OF HOURS	POSITION / NATURE OF WORK
		From	To		
	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			
	Food Value Chain Seminar	12/1/2017	12/2/2017	16 hrs		NAFF, ASEAN, DFST, AFH, JAIF
	2015 International Conference on Trends in Economics, Humanities and Management (ICTECH'15)	7/10/2015	7/12/2015	16		ICTEHM
	International Conference on Trends in Economics, Humanities & Management (ICTECH'15)	3/27/2015	3/28/2015	16		ICTEHM
	International Conference on Arts, Economics and Management (ICAEM'14)	11/29/2012	11/29/2012	8		ICAEM
	2013 ISSAAS International Congress and General Meeting,	04/01/2005	11/15/2013	32		ISSAAS
	59th Annual National Convention of Phil Sugar Technologists Association, Inc. (PHILSUTECH)	9/21/2012	9/24/2012	24		PHILSUTECH
	2018-2019 Asia Pacific Leadership Program Fellowship	8/20/2018	12/14/2018	704.0		US Congress
	MANAGING ORGANIZATIONAL CULTURE AND DIVERSITY	5/28/2019	5/31/2019	32.0		VSU


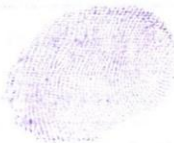



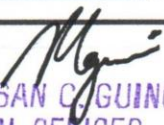
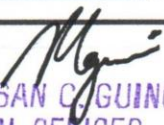
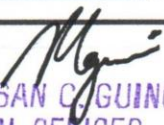
(Continue on separate sheet if necessary)

VIII. OTHER INFORMATION

31.	SPECIAL SKILLS and HOBBIES	32.	NON-ACADEMIC DISTINCTIONS / RECOGNITION (Write in full)	33.	MEMBERSHIP IN ASSOCIATION/ORGANIZATION (Write in full)
	Food safety & risk analysis		N/A		PCARRD Scholars Association, Inc. (PSAI)
	Food processing and preservation				Philippine Assoc of Food technologists, Inc. (PAFT)
	Food extension				Natural Products Society of the Philippines
	Community organizing				Philippine Association of Nutrition
	Cooking				Philippine Extension Network , Inc. (PEN)
	Singing				Phil Assoc of Agri-Vironment Educators and Entrepres (PASSAGE)
	Car & motorcycle driving				

(Continue on separate sheet if necessary)

SIGNATURE		DATE	7/5/19
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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: _____																
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. HENRY Y. GOLTIANO</td><td>DAEE, VSU, Visca, Baybay, Leyte</td><td>N/A</td></tr><tr><td>Dr. FELIX J. AMESTOSO</td><td>DFST, VSU, Visca, Baybay, Leyte</td><td>N/A</td></tr><tr><td>Dr. ERLINDA I. DIZON</td><td>UPLB College, Laguna</td><td>N/A</td></tr></tbody></table>			NAME	ADDRESS	TEL. NO.	Dr. HENRY Y. GOLTIANO	DAEE, VSU, Visca, Baybay, Leyte	N/A	Dr. FELIX J. AMESTOSO	DFST, VSU, Visca, Baybay, Leyte	N/A	Dr. ERLINDA I. DIZON	UPLB College, Laguna	N/A				
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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.		<div> KAREN S. TEVES PHOTO</div> <div> Right Thumbmark</div>																
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SUBSCRIBED AND SWORN to before me this <u>12 JUL 2019</u> , affiant exhibiting his/her validly issued government ID as indicated above.																		
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