CS Form No. 212

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 (Ind 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) 2 SURNAME DAGANTA NAME EXTENSION (JR., SR) JR FIRST NAME RENATO MIDDLE NAME ACABO 3. DATE OF BIRTH 07/03/1996 16. CITIZENSHIP (mm/dd/yyyy) ☑ Filipino ☐ Dual Citizenship ☐ by birth ☐ by naturalization 4. PLACE OF BIRTH BORONGAN CITY If holder of dual citizenship, Pls. indicate country: please indicate the details. 5 SEX ☐ Female ☑ Male ☑ Single ☐ Married 17. RESIDENTIAL ADDRI N/A N/A 6 CIVIL STATUS House/Block/Lot No ☐ Widowed ☐ Separated Street N/A SABANG SOUTH Other/s: Subdivision/Village Barangay BORONGAN EASTERN SAMAR 7 HEIGHT (m) 1.76 City/Municipality Province 8. WEIGHT (kg) 78 ZIP CODE 6800 18. PERMANENT ADDRE N/A N/A 9. BLOOD TYPE AB+ House/Block/Lot No. Street N/A SABANG SOUTH 10 GSIS ID NO N/A Subdivision/Village Barangay BORONGAN EASTERN SAMAR 11 PAG-IBIG ID NO 121238681013 City/Municipality Province 12. PHILHEALTH NO. 13-025484348-3 ZIP CODE 6800 13. SSS NO. 35-0772263-9 19. TELEPHONE NO. N/A 14. TIN NO. 422-574-959-000 20. MOBILE NO. 09058396312 15. AGENCY EMPLOYEE NO N/A 21. E-MAIL ADDRESS (if dagantairrenato@gmail.com 23. NAME of CHILDREN (Write full name and list DATE OF BIRTH 22. SPOUSE'S SURNAME N/A (mm/dd/vvvv) NAME EXTENSION (JR... N/A FIRST NAME N/A N/A N/A MIDDLE NAME N/A N/A N/A OCCUPATION N/A N/A N/A EMPLOYER/BUSINESS NA N/A N/A N/A BUSINESS ADDRESS N/A N/A TELEPHONE NO. N/A N/A N/A 24. ATHER'S SURNAME N/A **DAGANTA** N/A NAME EXTENSION (JR., N/A FIRST NAME RENATO N/A MIDDLE NAME LABUTAP N/A 25. MOTHER'S MAIDEN NAME CUANAN N/A N/A SURNAME **ACABO** N/A N/A FIRST NAME MA. FLOR MIDDLE NAME CUANAN (Continue on separate sheet if necessary) SCHOLARSHIP PERIOD OF BASIC 26 LEVEL/ YEAR NAME OF SCHOOL ACADEMIC LEVEL EDUCATION/DEGREE/COURSE ATTENDANCE GRADUAT INITS (Write in full) HONORS (Write in full) FARNED FD From RECEIVED SABANG SOUTH ELEMENTART ELEMENTARY PRIMARY EDUCATION 2003 2008 N/A 2008 6th Honor SCHOOL EASTERN SAMAR NATIONAL SECONDARY HIGH SCHOOL 2008 2012 N/A 2012 4th Honor COMPREHENSIVE HIGH SCHOOL VOCATIONAL / N/A N/A N/A N/A TRADE COURSE N/A N/A DOCTOR OF VETERINARY COLLEGE VISAYAS STATE UNIVERSITY 2019 N/A 2019 N/A MEDICINE GRADUATE STUDIES N/A N/A N/A N/A N/A N/A N/A SIGNATURE DATE November 2, 2022

. CAREER	SERVICE/ RA 1080	(BOARD/ BAR) UNDER	Dimere	DATE OF	ANDERTH			LICENSE (if applicable)		
7. CAREER SERVICE/ RA 1080 (BOARD/ BAR) UNDER SPECIAL LAWS/ CES/ CSEE BARANGAY ELIGIBILITY / DRIVER'S LICENSE			RATING (If Applicable)	EXAMINATION / CONFERMENT	PLACE OF EXAMINA	NUMBER	Date of Validity			
VETERINARY MEDICAL LICENSURE EXAMINATION		77.1	AUG 14, 15, 16	MAN	NILA		0010348	03/07/20		
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	EXPERIENCI			ontinue on separate shee	t <mark>if necessary)</mark> ald be indicated in the att	w.L.J.W.				
INCLU	SIVE DATES //dd/yyyy)	POSITION TI	TLE	DEPARTMENT / AGE (Write in ful	CNCY / OFFICE / COMPANY (Do not abbreviate)	MONTHLY SALARY	SALARY/ JOB/ PAY GRADE (if applicable)& STEP (Format "00-0")/	STATUS OF APPOINTMENT	GOV" SERVIC (Y/N)	
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0/05/2021	30/09/2022	VETERINAL		AND	PETSHOP VE VETERINARY	30000.00	N/A	CONTRACTUAL	NO	
6/01/2021	06/04/2021	VETERINAI	A Challes	C	LINIC N VETERINARY	20000.00	N/A	CONTRACTUAL	NO	
5/01/2020	15/01/2021	VETERINAI		DO	CTORS	20000.00	N/A	CONTRACTUAL	NO	
5/08/2019	31/12/2019	VETERINA	RIAN	FERNANDEZ V	ETERINARY CLINIC	20000.00	N/A	CONTRACTUAL	NO	
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SIGNA	TURE	-			DATE	Service 1 grant made	Ar 1. 4 . 15	November/02/20	0-10-1	

VI. VOLUNTARY WORK OR INVOLVEMENT IN CIVI	C / NON-GOI	TERNMENT? I	EOPLE/VOL	UNTARY ORGA	INIZATION/S					
29. NAME & ADDRESS OF ORGANIZATION (Write in full)	ZATION INCLUSIVE DATES (mm/dd/yyyy) From To			NUMBER OF HOURS	POSITION / NATURE OF WORK					
N/A				Trees vola	r 3 rear 6. m	al man than all manufacture angles around an official le				
N/A										
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VII. LEARNING AND DEVELOPMENT (L&D) INTER (Start from the most recent L&D/training program and i					c (5) years for Di	vision Chief/Executive/Managerial positions)				
30. TITLE OF LEARNING AND DEVELOPM INTERVENTIONS/TRAINING PROGRA (Write in full)	INCLUSIVE DATES OF ATTENDANCE (mm/dd/yyyy) From To		NUMBER OF HOURS	Type of LD (Managerial/ Supervisory/ Technical/etc)	The state of the s					
ON THE JOB TRAINING/FIELD EXPERIE	NCE	14/02/2018	15/03/2018	168.0	N/A	SANTICAN FARMS AND STABLES CEBU				
ON THE JOB TRAINING/FIELD EXPERIEN	NCE	01/01/2018	01/02/2018	178.0	N/A	CEBU SAFARI				
ON THE JOB TRAINING/FIELD EXPERIEN	NCE	01/04/2018	01/05/2018	168.0	N/A	CATS N DOGS DUMAGEUTE CITY				
ON THE JOB TRAINING/FIELD EXPERIEN	NCE	01/02/2017	01/03/2017	168.0	N/A	DEPARTMENT OF VETERINARY MEDICINE AND FISHIRIES				
ON THE JOB TRAINING/FIELD EXPERIEN	NCE	32/2017	05/04/2017	168.0	N/A	UBAY STOCK FARM BOHOL				
FIELD PRACTICUM		13/04/2016	19/05/2016	200.0	N/A	BROILER FARM, PAMPANGA CITY				
FIELD PRACTICUM		21/05/2016	01/06/2016	200.0	N/A	DELAPAZ AGRI FARMS, PASIG CITY				
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VIII OTHER INFORMATION	i lo	(Conti	nue on separate s	theet if necessary)	ric mentionic	ath a stein roughwardman has but enter the				
VIII. OTHER INFORMATION		NON-ACADEM	IC DISTINCTION	IS / RECOGNITIO	N	33. MEMBERSHIP IN ASSOCIATION/ ORGANIZATION (WRITE II				
31. SPECIAL SKILLS and HOBBIES 32.			(Write in full)	19+4		FULL) PHILIPPINE VETERINARY MEDICAL				
COMPUTER LITERATE			1			ASSOCIATION				
GREAT COMMUNIATION SKILLS LABORATORY, PRACTICAL,		NA				DA Johns Parcellino				
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SIGNATURE		A CONTRACTOR OF THE PARTY OF TH		D _d	ATE	November/02/2022 CS FORM 212 (Revised 2017), Page 3 of				

34.	Are you related by consanguinity or affinity to the appointing or recommending auchief of bureau or office or to the person who has immediate supervision over you			anter a ser	ar sugaran		- 200	
	Bureau or Department where you will be apppointed,				_	NC		
	a. within the third degree?		☐ YES ☑ NO					
	b. within the fourth degree (for Local Government Unit - Career Employees)?	reer Employees)?			✓	NO		
25	a. Have you ever been found guilty of any administrative offense?		_					
35.	a. Have you ever been found guilty of any autilitistrative offense?			rES .	☑	NO		
Post file e			_					
	b. Have you been criminally charged before any court?		- N	/ES	V	NO		
				Date	Filed:			
36	Have you ever been convicted of any crime or violation of any law, decree, ordina	ance or regulation		/F.C		1 110	And the second s	
30.	by any court or tribunal?	_ `	res	L	ON E			
27	United the following modes:	nignation						
3/.	Have you ever been separated from the service in any of the following modes: retirement, dropped from the rolls, dismissal, termination, end of term, finished or court (challing) in the public or private sector?		☑ ′	YES	[□ NO		
38.	out (abolition) in the public or private sector? a. Have you ever been a candidate in a national or local election held within the l	ast year (except		YES		☑ NO		
	Barangay election)?	PROPERTY OF BEING	Cu is			1 2 7 3 1		
	b. Have you resigned from the government service during the three (3)-month per election to promote/actively campaign for a national or local candidate?	eriod before the last	0	YES		☑ NO	THE WISTARD OF	1 7 1 1 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7
39.	Have you acquired the status of an immigrant or permanent resident of another of	country?	-	YES		☑ NO	a It is to the late of	
		alegner alen	ari					
40.	Pursuant to: (a) Indigenous People's Act (RA 8371); (b) Magna Carta for Disable					14	1 1-8/3- 1-8/3	
a.	7277); and (c) Solo Parents Welfare Act of 2000 (RA 8972), please answer the fi Are you a member of any indigenous group?	ollowing items.		VES		☑ NO		
b.	Are you a person with disability?		YES		☑ NO			
				125		E 110		
C.	Are you a solo parent?			YES		☑ NO		
41.	REFERENCES (Person not related by consanguinity or affinity to applicant /appointee)	ч			- Specified with			
	NAME ADD	RESS		TEL NO).			
	MA. DELIA A. PAGENTE BAYBAY C	ITY, LEYTE	905	83963	12			
-	DR. DIANE B. CUANAN UBAY	BOHOL	9	661667	485		000	
40		IN CITY		055243	050		1	
42.	I declare under oath that I have personally accomplished this Personal Data Sh- complete statement pursuant to the provisions of pertinent laws, rules and reg							
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9 23	Government Issued ID (i.e. Passport, GSIS, SSS, PRC, Driver's License, etc.)		•			1		e Paris
۱ŀ	PLEASE INDICATE ID Number and Date of Issuance Sovernment Issued ID: PRC			>				
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IF	Date/Place of Issuance: 9/9/2019 ORMOC CITY 11/02/2022							100
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