

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		DAUTIL											
FIRST NAME		JANE						NAME EXTENSION (JR., SR)		N/A			
MIDDLE NAME		PAGALAN											
3. DATE OF BIRTH (mm/dd/yyyy)		June 29, 1992		16. CITIZENSHIP		<input checked="" type="checkbox"/> Filipino <input type="checkbox"/> Dual Citizenship							
4. PLACE OF BIRTH		Brgy. Conalum, Inopacan, Leyte		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				Philippines							
6. CIVIL STATUS		<input checked="" type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Other/s:		17. RESIDENTIAL ADDRESS		N/A							
						House/Block/Lot No. Street							
						N/A Gabas							
						Subdivision/Village Barangay							
						Baybay Leyte							
						City/Municipality Province							
7. HEIGHT (m)		1.52		ZIP CODE		6521-A							
8. WEIGHT (kg)		55											
9. BLOOD TYPE		"AB"		18. PERMANENT ADDRESS		N/A							
						House/Block/Lot No. Street							
						N/A Conalum							
						Subdivision/Village Barangay							
						Inopacan Leyte							
						City/Municipality Province							
10. GSIS ID NO.		2005283396		ZIP CODE		6522							
11. PAG-IBIG ID NO.		On process											
12. PHILHEALTH NO.		010251205502											
13. SSS NO.		N/A		19. TELEPHONE NO.		N/A							
14. TIN NO.		499-526-066		20. MOBILE NO.		09550172945							
15. AGENCY EMPLOYEE NO.		V01030		21. E-MAIL ADDRESS (if any)		janedautil@yahoo.com							
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)									
MIDDLE NAME		N/A		N/A									
OCCUPATION		N/A											
EMPLOYER/BUSINESS NAME		N/A											
BUSINESS ADDRESS		N/A											
TELEPHONE NO.		N/A											
24. FATHER'S SURNAME		DAUTIL											
FIRST NAME		JUSTINIANO		NAME EXTENSION (JR., SR)		N/A							
MIDDLE NAME		MOSQUITO											
25. MOTHER'S MAIDEN NAME													
SURNAME		PAGALAN											
FIRST NAME		VICTORIA											
MIDDLE NAME		VALENZONA											
(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		Conalum Elem. School		Elementary diploma		1/6/1999 03/31/2005		N/A		2005		1st Honorable Mention	
SECONDARY		Conalum National High School		High school diploma		1/6/2005 03/31/2009		N/A		2009		Salutatorian	
VOCATIONAL / TRADE COURSE		N/A		N/A		N/A N/A		N/A		N/A		None	
COLLEGE		Visayas State University		Doctor of Veterinary Medicine		1/6/2009 04/13/2016		N/A		N/A		None	
GRADUATE STUDIES		N/A		N/A		N/A N/A		N/A		N/A		None	
GRADUATE STUDIES		N/A		N/A		N/A N/A		N/A		N/A		None	
(Continue on separate sheet if necessary)													
SIGNATURE				DATE				CS FORM 212 (Revised 2017), Page 1 of 4					

IV. CIVIL SERVICE ELIGIBILITY						
27.	CAREER SERVICE/ RA 1080 (BOARD/ BAR) UNDER SPECIAL LAWS/ CES/ CSEE BARANGAY ELIGIBILITY / DRIVER'S LICENSE	RATING (If Applicable)	DATE OF EXAMINATION / CONFERMENT	PLACE OF EXAMINATION / CONFERMENT	LICENSE (if applicable)	
					NUMBER	Date of Validity
	Veterinary Medicine Licensure Exam	0.8	Aug. 23-25, 2016	Manila	9109	06/29/2019

V. WORK EXPERIENCE

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

28.	INCLUSIVE DATES				SALARY/ JOB/ PAY		
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SIGNATURE		DATE	July 14, 2020	CS FORM 212 (Revised 2017); Page 2 of 4
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DATE _____

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29.	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	1/9/2016	Lifetime	Lifetime	Member
	Venerable Knight and Lady Veterinarian Fraternity and Sorority	8/1/2018	12/6/2018	Temporary	Adviser
	CVM - USSC	8/1/2018	Present	Temporary	Adviser

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

[illegible]

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 musical instrument (guitar)	None	Veterinary Practitioners Association of the Philippines
Playing table tennis	None	Philippine Veterinary Medical Association

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4th

JULY 14, 2020

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>

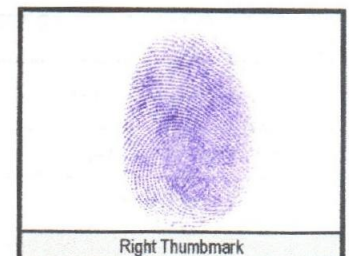
41. REFERENCES (Person not related by consanguinity or affinity to applicant /appointee)		
NAME	ADDRESS	TEL. NO.
Dr. Eugene Lañada	Visca, Baybay, Leyte	9176341472
Dr. Lotis Balala	Visca, Baybay, Leyte	9359680818
Fr. Eufemio Gohetia	Inopacan, Leyte	9175859376
42. I declare under oath that I have personally 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.		



PHOTO

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.: 9109
Date/Place of Issuance: 09/23/2016/PRC

Signature (Sign inside the box) <u>Jane P. Dautil</u> July 14, 2020 Date Accomplished
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Right Thumbmark

SUBSCRIBED AND SWORN to before me this 27 JUL 2020, affiant exhibiting his/her validly issued government ID as indicated above.

Atty. Rysan C. Guinocor
VS
LEGAL OFFICER
Person Administering Oath