

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	VILLABER		
FIRST NAME	RONALD ARLET		NAME EXTENSION (JR., SR)
MIDDLE NAME	PATERIZ		
3. DATE OF BIRTH (mm/dd/yyyy)	2/19/1990	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	BAYBAY CITY, LEYTE	If holder of dual citizenship, please indicate the details.	
5. SEX	<input checked="" type="checkbox"/> Male <input type="checkbox"/> Female		
6. CIVIL STATUS	<input checked="" type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Separated <input type="checkbox"/> Other/s:		
7. HEIGHT (m)	1.73	17. RESIDENTIAL ADDRESS	689 House/Block/Lot No. Street BRGY. STO. ROSARIO Subdivision/Village Barangay BAYBAY CITY LEYTE City/Municipality Province
8. WEIGHT (kg)	107	ZIP CODE	6521
9. BLOOD TYPE	B	18. PERMANENT ADDRESS	689 House/Block/Lot No. Street BRGY. STO. ROSARIO Subdivision/Village Barangay BAYBAY CITY LEYTE City/Municipality Province
10. GSIS ID NO.	2004720729 (GSIS/BP NO.)	ZIP CODE	6521
11. PAG-IBIG ID NO.	121069168152	19. TELEPHONE NO.	NA
12. PHILHEALTH NO.	1300-0104-8059	20. MOBILE NO.	0917-673-9877
13. SSS NO.		21. E-MAIL ADDRESS (if any)	<a href="mailto:ronald.villaber@vsu.edu.ph">ronald.villaber@vsu.edu.ph</a>
14. TIN NO.	402-774-397		
15. AGENCY EMPLOYEE NO.			

II. FAMILY BACKGROUND

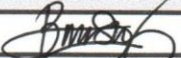
22. SPOUSE'S SURNAME	NA		23. NAME of CHILDREN (Write full name and list all)	DATE OF BIRTH (mm/dd/yyyy)
FIRST NAME	NA	NAME EXTENSION (JR., SR)	NA	NA
MIDDLE NAME	NA		NA	NA
OCCUPATION	NA		NA	NA
EMPLOYER/BUSINESS NAME	NA		NA	NA
BUSINESS ADDRESS	NA		NA	NA
TELEPHONE NO.	NA		NA	NA
24. FATHER'S SURNAME	VILLABER			11/16/1960
FIRST NAME	AL ROMEO	NAME EXTENSION (JR., SR)		
MIDDLE NAME	ARRADAZA			
25. MOTHER'S MAIDEN NAME				
SURNAME	PATERIZ			3/6/1955
FIRST NAME	ROSITA			
MIDDLE NAME	FIALAN			

(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	BASIC EDUCATION (ELEMENTARY)	1996	2002		2002	2nd Honorable Mention
SECONDARY	FRANCISCAN COLLEGE OF THE IMMACULATE CONCEPTION	BASIC EDUCATION (HIGH SCHOOL)	2002	2006		2006	
VOCATIONAL / TRADE COURSE	NA	NA	NA	NA	NA	NA	NA
COLLEGE	VISAYAS STATE UNIVERSITY	BACHELOR OF SCIENCE IN CHEMISTRY	2006	2010		2010	JLSS
GRADUATE STUDIES	UNIVERSITY OF THE PHILIPPINES AT LOS BAÑOS	MASTER OF SCIENCE IN AGRICULTURAL CHEMISTRY	2013	2015		2015	ASTHRDP

(Continue on separate sheet if necessary)


SIGNATURE		DATE	July 5, 2019	CS FORM 212 (Revised 2017), Page 1 of 4
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[illegible]

## V. WORK EXPERIENCE

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VI. VOLUNTARY WORK OR INVOLVEMENT IN CIVIL SOCIETY / 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		
	NA	NA	NA	NA	NA

(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			
	PRINCIPLES AND OPERATION OF HPLC/UHPLC with LabSolutions WORKSTATION	07/4/17	07/05/17	24 hours	TECHNICAL	SHIMADZU
	ULTRA-HIGH PRESSURE LIQUID CHROMATOGRAPHY TRAINING	2/21/2017	2/22/2017	16 HOURS	TEACHNICAL	SHIMADZU
	25TH FEDERATION OF ASIAN AND OCEANIAN BIOCHEMISTS AND MOLECULAR BIOLOGISTS INTERNATIONAL CONFERENCE AND THE 45TH PHILIPPINE SOCIETY OF BIOCHEMISTRY AND MOLECULAR BIOLOGY ANNUAL CONFERENCE	12/5/2016	12/7/2016	24 HOURS	TECHNICAL	FEDERATION OF ASIAN AND OCEANIAN BIOCHEMISTS AND MOLECULAR BIOLOGISTS AND PHILIPPINE SOCIETY OF BIOCHEMISTRY AND MOLECULAR BIOLOGY
	1ST UNIVERSITY CONSORTIUM GRADUATE FORUM ON LIFE SCIENCE, FOOD SCIENCE AND AGRICULTURE	8/10/2015	8/12/2015	24 HOURS	TECHNICAL	SEARCA AND UNIVERSITI PUTRA MALAYSIA
	ZEISS ON YOUR CAMPUS: TRAINING ON FLUORESCENT MICROSCOPY	5/8/2015	5/8/2015	8 HOURS	TECHNICAL	MACARE AND UNIVERSITY OF THE PHILIPPINE DILIMAN
	JAPAN-EAST ASIA NETWORK OF EXCHANGE FOR STUDENTS AND YOUTHS (JENESYS) 2.0	3/2/2015	3/10/2015	90 HOURS	TECHNICAL	JAPAN MINISTRY OF FOREIGN AFFAIRS

(Continue on separate sheet if necessary)










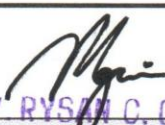
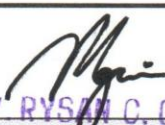
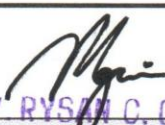
VIII. OTHER INFORMATION

31.	SPECIAL SKILLS and HOBBIES	32.	NON-ACADEMIC DISTINCTIONS / RECOGNITION (Write in full)	33.	MEMBERSHIP IN ASSOCIATION/ORGANIZATION (Write in full)
	RUNNING		NA		NATURAL PRODUCT SOCIETY OF THE PHILIPPINES
	SINGING				PHILIPPINE SOCIETY OF BIOCHEMISTRY AND MOLECULAR BIOLOGY
	DANCING				INTEGRATED CHEMISTS OF THE PHILIPPINES
	READING				
	COOKING				

(Continue on separate sheet if necessary)

SIGNATURE		DATE	
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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. EDGARDO E. TULIN</td><td>VSU, VISCA, BAYBAY CITY, LEYTE</td><td>9173108081</td></tr><tr><td>DR. MA. THERESA P. LORETO</td><td>VSU, VISCA, BAYBAY CITY, LEYTE</td><td>9056893008</td></tr><tr><td>DR. FLORINIA E. MERCA</td><td>UPLB, LOS BAÑOS, LAGUNA</td><td>9183500797</td></tr></tbody></table>		NAME	ADDRESS	TEL. NO.	DR. EDGARDO E. TULIN	VSU, VISCA, BAYBAY CITY, LEYTE	9173108081	DR. MA. THERESA P. LORETO	VSU, VISCA, BAYBAY CITY, LEYTE	9056893008	DR. FLORINIA E. MERCA	UPLB, LOS BAÑOS, LAGUNA	9183500797
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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.													
<table><tr><td colspan="2">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:</td><td>PASSPORT</td></tr><tr><td>ID/License/Passport No.:</td><td>EC3329710</td></tr><tr><td>Date/Place of Issuance:</td><td>JANUARY 31, 2015/DFA MANILA</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:	PASSPORT	ID/License/Passport No.:	EC3329710	Date/Place of Issuance:	JANUARY 31, 2015/DFA MANILA	<table><tr><td></td></tr><tr><td>Signature (Sign inside the box)</td></tr><tr><td>Date Accomplished</td></tr></table>		Signature (Sign inside the box)	Date Accomplished	
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Right Thumbmark													
SUBSCRIBED AND SWORN to before me this <u>12 JUL 2019</u> , affiant exhibiting his/her validly issued government ID as indicated above.													
<table><tr><td></td></tr><tr><td>ATTY. RYSZARD C. GUINOCOR</td></tr><tr><td>Person Administering Oath</td></tr></table>			ATTY. RYSZARD C. GUINOCOR	Person Administering Oath									
													
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