

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	TAVEROS		
FIRST NAME	AGNES	NAME EXTENSION (JR., SR) N/A	
MIDDLE NAME	MORANTTE		
3. DATE OF BIRTH (mm/dd/yyyy)	May 08, 1964	16. CITIZENSHIP	<input checked="" type="checkbox"/> Filipino <input type="checkbox"/> Dual Citizenship <input checked="" type="checkbox"/> by birth <input type="checkbox"/> by naturalization Pls. indicate country:
4. PLACE OF BIRTH	Tanauan, Leyte	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 type="checkbox"/> Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Separated <input type="checkbox"/> Other/s:	17. RESIDENTIAL ADDRESS	Duplex F-2 N/A House/Block/Lot No. Street N/A Pangasugan Subdivision/Village Barangay Baybay Leyte City /Municipality Province
7. HEIGHT (m)	1.52	ZIP CODE	6521-A
8. WEIGHT (kg)	73	18. PERMANENT ADDRESS	Duplex F-2, VSU N/A House/Block/Lot No. Street N/A Pangasugan Subdivision/Village Barangay Baybay Leyte City /Municipality Province
9. BLOOD TYPE	"O"	ZIP CODE	6521-A
10. GSIS ID NO.	CRN-006-0118-6743-0	19. TELEPHONE NO.	053-563-7288
11. PAG-IBIG ID NO.	913256366456	20. MOBILE NO.	09061919698
12. PHILHEALTH NO.	1300-0014-3775	21. E-MAIL ADDRESS (if any)	ataveros@gmail.com
13. SSS NO.	N/A		
14. TIN NO.	140-031-942		
15. AGENCY EMPLOYEE NO.	V000506		

II. FAMILY BACKGROUND


22. SPOUSE'S SURNAME	TAVEROS (deceased)		23. NAME of CHILDREN (Write full name and list all)	DATE OF BIRTH (mm/dd/yyyy)
FIRST NAME	ALBERTO	NAME EXTENSION (JR., SR) N/A	Marianne Agnes T. Mendoza	April 29, 1984
MIDDLE NAME	AUMENTAR		Mark Albert M. Taveros	Sept. 22, 1991
OCCUPATION	N/A		Maxine Ann M. Taveros	May 25, 1994
EMPLOYER/BUSINESS NAME	N/A		Miguel Albert M. Taveros	Dec. 12, 1996
BUSINESS ADDRESS	N/A		Mavrick Albert M. Taveros	Jan. 04, 2007
TELEPHONE NO.	N/A		XXXXXXXXXXXX	XXXXXX
24. FATHER'S SURNAME	MORANTTE (deceased)			
FIRST NAME	CLARO	NAME EXTENSION (JR., SR) N/A		
MIDDLE NAME	CUMPIO			
25. MOTHER'S MAIDEN NAME	FELICIDAD VILLEGAS PEREZ (deceased)			
SURNAME	PEREZ			
FIRST NAME	FELICIDAD			
MIDDLE NAME	VILLEGAS			

(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	Tanauan I Central Elem. School	Elementary diploma	1/6/1970	03/31/1976	N/A	1976	1st Honorable Mention
SECONDARY	Central Mindanao University High School	High school diploma	1/6/1976	03/31/1980	N/A	1980	With Honors
VOCATIONAL / TRADE COURSE	N/A						
COLLEGE	Central Mindanao University	Doctor of Veterinary Medicine	1/6/1980	03/31/1986	N/A	1986	None
GRADUATE STUDIES	Visayas State University	Master of Science in Animal Science			N/A	1993	None
GRADUATE STUDIES	Visayas State University	Doctor of Philosophy	2008	2013	N/A	2013	CHED-FDP

(Continue on separate sheet if necessary)

SIGNATURE		DATE	July 25, 2019	CS FORM 212 (Revised 2017), Page 1 of 4
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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	75.6	Aug. 1,2 & 3, 1986	Manila	2647 8/5/2022

(Continue on separate sheet if necessary)

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 (mm/dd/yyyy)		POSITION TITLE (Write in full/Do not abbreviate)	DEPARTMENT / AGENCY / OFFICE / COMPANY (Write in full/Do not abbreviate)	MONTHLY SALARY	SALARY/ JOB/ PAY GRADE (if applicable)& STEP (Format "00-0") INCREMENT	STATUS OF APPOINTMENT	GOVT SERVICE (Y/ N)
	From	To						
	1/1/2019	Present	Prof. III	Visayas State University (VSU)	92108.00	23	Permanent	Y
	1/1/2018	12/31/2018	Prof. III	-do-	78960.00	23	-do-	-do-
	1/8/2017	12/31/2017	Prof. III	-do-	78960.00	23	-do-	-do-
	1/1/2017	07/31/2017	Assoc. Prof. V	-do-	58310.00	23	-do-	-do-
	1/1/2016	12/31/2016	Assoc. Prof. V	-do-	51826.00	23	-do-	-do-
	1/1/2015	12/31/2015	Assoc. Prof. V	-do-	46064.00	23	-do-	-do-
	1/10/2012	12/31/2014	Asso. Prof. III	-do-	39927.00	21	-do-	-do-
	1/6/2012	09/30/2012	Asso. Prof. III	-do-	39493.00	21	-do-	-do-
	1/6/2011	05/31/2012	Asso. Prof. III	-do-	35219.00	21	-do-	-do-
	06/24/2010	05/31/2011	Asso. Prof. III	-do-	30945.00	21	-do-	-do-
	1/1/2009	06/23/2010	Asso. Prof. III	-do-	26671.00	21	-do-	-do-
	1/7/2009	09/30/2009	Asso. Prof. II	-do-	25799.00	20	-do-	-do-
	1/12/2008	06/30/2009	Asso. Prof. II	-do-	22075.00	20	-do-	-do-
	1/7/2008	11/30/2008	Asso. Prof. II	-do-	21537.00	20	-do-	-do-
	7/7/2007	6/30/2008	Asso. Prof. II	-do-	19579.00	20	-do-	-do-
	1/12/2005	06/30/2007	Asso. Prof. II	-do-	17799.00	20	-do-	-do-
	1/12/2004	11/30/2005	Asso. Prof. I	-do-	17211.00	19	-do-	-do-
	1/12/2001	11/30/2004	Asso. Prof. I	-do-	16792.00	19	-do-	-do-
	1/7/2001	11/30/2001	Asst. Prof. IV	-do-	16233.33	18	-do-	-do-
	1/12/2000	6/30/2001	Asst. Prof. IV	-do-	15464.00	18	-do-	-do-
	1/1/2000	11/30/2000	Asst. Prof. IV	-do-	15087.00	18	-do-	-do-
	1/6/1998	12/31/1999	Asst. Prof. IV	-do-	13715.00	18	-do-	-do-
	1/12/1997	05/31/1998	Asst. Prof. IV	-do-	13715.00	18	Temporary	-do-
	1/11/1997	11/30/1997	Asst. Prof. IV	-do-	12938.00	18	-do-	-do-
	1/1/1997	10/31/1997	Asst. Prof. III	-do-	10825.00	17	-do-	-do-
	1/1/1996	12/31/1996	Asst. Prof. III	-do-	8712.00	17	-do-	-do-
	1/1/1995	12/31/1995	Asst. Prof. III	-do-	6901.00	17	-do-	-do-
	08/19/1994	12/31/1994	Asst. Prof. III	-do-	5901.00	17	-do-	-do-
	1/1/1994	8/18/1994	Instructor I	-do-	4240.00	12	-do-	-do-
	1/11/1992	12/31/1993	Instructor I	-do-	3540.00	12	-do-	-do-
	02/16/1992	10/31/1992	Sci. Res. Asst.	-do-	3500.40		Contractual	-do-

SIGNATURE

8/15/1990

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		
	Gawad Kalinga	1995	2015	Weekends; depending on need of GK	Volunteer worker
	Visca Educational Foundation Inc.	7/5/1905	7/10/1905	Depending on need of PTA or VEFI BOD	Officer of homeroom/Gen. PTA and starting March 2019, as member of Board of Director

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







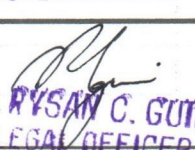
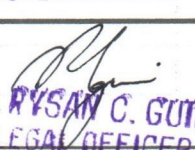
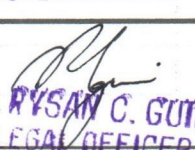
[illegible]

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 instruments (guitar, banduria, keyboard)	1st-3rd placer in table tennis and volleyball in university sportsfest from the 1990s to 2018	Phil. Vet. Med. Association
Playing volleyball, table tennis and chess		Phil. Society of Animal Science
		Veterinary Practitioners Association of the Philippines
		Philippine Society of Biochemistry & Molecular Biology (Visayas Chapter)

(Continue on separate sheet if necessary)

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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 checked="" type="checkbox"/> YES <input 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>Ricardo Igot</td><td>Tambulilid, Ormoc City</td><td>9196352412</td></tr><tr><td>Gilda Mahinay</td><td>UEP, Catarman, N. Samar</td><td>9089183823</td></tr><tr><td>Manuel Virtudazo</td><td>Poblacion, Hindang, Leyte</td><td>9196901380</td></tr></tbody></table>		NAME	ADDRESS	TEL. NO.	Ricardo Igot	Tambulilid, Ormoc City	9196352412	Gilda Mahinay	UEP, Catarman, N. Samar	9089183823	Manuel Virtudazo	Poblacion, Hindang, Leyte	9196901380
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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>PRC ID</td></tr><tr><td>ID/License/Passport No.:</td><td>0002647</td></tr><tr><td>Date/Place of Issuance:</td><td>05/24/2019/PRC Ormoc City</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.:	0002647	Date/Place of Issuance:	05/24/2019/PRC Ormoc City	<table><tr><td></td></tr><tr><td>Signature (Sign inside the box)</td></tr><tr><td>July 25, 2019</td></tr><tr><td>Date Accomplished</td></tr></table>		Signature (Sign inside the box)	July 25, 2019	Date Accomplished
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SUBSCRIBED AND SWORN to before me this <u>15 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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