

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 () 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	BALLENTES		
FIRST NAME	VERA STEPHANIE	NAME EXTENSION (JR., SR) N/A	
MIDDLE NAME	BAYOG		
3. DATE OF BIRTH (mm/dd/yyyy)	9/25/1990	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		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	Block 6, Lot 4 Maris House/Block/Lot No. Street NIA Village Villarica Subdivision/Village Barangay Midsayap North Cotabato City/Municipality Province
7. HEIGHT (m)	5'2	ZIP CODE	9410
8. WEIGHT (kg)	42 kg		
9. BLOOD TYPE	O	18. PERMANENT ADDRESS	House/Block/Lot No. Street Subdivision/Village Gabas Baybay City Leyte City/Municipality Province
10. GSIS ID NO.	On Process	ZIP CODE	6521
11. PAG-IBIG ID NO.	919350818369		
12. PHILHEALTH NO.	13-025537323-5		
13. SSS NO.	N/A	19. TELEPHONE NO.	N/A
14. TIN NO.	762-828-140	20. MOBILE NO.	0927-584-8166/0908-885-5163
15. AGENCY EMPLOYEE NO.	V000617	21. E-MAIL ADDRESS (if any)	vera.ballentes@vsu.edu.ph

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)	N/A	N/A
MIDDLE NAME	N/A			
OCCUPATION	N/A			
EMPLOYER/BUSINESS NAME	N/A			
BUSINESS ADDRESS	N/A			
TELEPHONE NO.	N/A			
24. FATHER'S SURNAME	BALLENTES			
FIRST NAME	ADELON	NAME EXTENSION (JR., SR) N/A		
MIDDLE NAME	VENCER			
25. MOTHER'S MAIDEN NAME				
SURNAME	BAYOG			
FIRST NAME	ALMA			
MIDDLE NAME	LUCASAN			

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	SOUTHERN CHRISTIAN COLLEGE	ELEMENTARY CERTIFICATE	1997	2003	GRADUATED	2003	N/A
SECONDARY	SOUTHERN CHRISTIAN COLLEGE	HIGH SCHOOL DIPLOMA	2003	2007	GRADUATED	2007	N/A
VOCATIONAL / TRADE COURSE	N/A	N/A	N/A	N/A	N/A	N/A	N/A
COLLEGE	VISAYAS STATE UNIVERSITY	DOCTOR OF VETERINARY MEDICINE	2011	2018	GRADUATED	2018	N/A
GRADUATE STUDIES	N/A	N/A	N/A	N/A	N/A	N/A	N/A

SIGNATURE		DATE	January 14, 2022
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IV. CIVIL SERVICE ELIGIBILITY

[illegible]

(Continue on separate sheet if necessary)

[illegible]

(Continue on separate sheet if necessary)








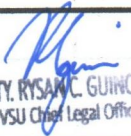
SIGNATURE	<i>Spallanti</i>	DATE	January 14, 2022
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[illegible][illegible]

31. SPECIAL SKILLS and HOBBIES	32. NON-ACADEMIC DISTINCTIONS / RECOGNITION (Write in full)	33. MEMBERSHIP IN ASSOCIATION/ORGANIZATION (Write in full)
Computer Literate	N/A	Venerable Lady Veterinarian Sorority
Handicrafts		
Cooking		
Gardening		

January 14, 2022

<p>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,</p> <p>a. within the third degree?</p> <p>b. within the fourth degree (for Local Government Unit - Career Employees)?</p>	<p><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>If YES, give details: _____</p>
<p>35. a. Have you ever been found guilty of any administrative offense?</p> <p>b. Have you been criminally charged before any court?</p>	<p><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>If YES, give details: _____</p> <p><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>If YES, give details: _____</p> <p>Date Filed: _____</p> <p>Status of Case/s: _____</p>
<p>36. Have you ever been convicted of any crime or violation of any law, decree, ordinance or regulation by any court or tribunal?</p>	<p><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>If YES, give details: _____</p>
<p>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?</p>	<p><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>If YES, give details: _____</p>
<p>38. a. Have you ever been a candidate in a national or local election held within the last year (except Barangay election)?</p> <p>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?</p>	<p><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>If YES, give details: _____</p> <p><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>If YES, give details: _____</p>
<p>39. Have you acquired the status of an immigrant or permanent resident of another country?</p>	<p><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>If YES, give details (country): _____</p>
<p>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:</p> <p>a. Are you a member of any indigenous group?</p> <p>b. Are you a person with disability?</p> <p>c. Are you a solo parent?</p>	<p><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>If YES, please specify: _____</p> <p><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>If YES, please specify ID No: _____</p> <p><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>If YES, please specify ID No: _____</p>

<p>41. REFERENCES (Person not related by consanguinity or affinity to applicant /appointee)</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 35%;">NAME</th> <th style="width: 35%;">ADDRESS</th> <th style="width: 30%;">TEL. NO.</th> </tr> </thead> <tbody> <tr> <td>Dr. EUGENE B. LAÑADA</td> <td>Visayas State University</td> <td>9176341472</td> </tr> <tr> <td>MA. DELIA A. PAGENTE</td> <td>Brgy. Guadalupe, Baybay City</td> <td>9174729957</td> </tr> <tr> <td>Dr. LIZA MAE A. RAPISURA</td> <td>Davao City</td> <td>9055959649</td> </tr> </tbody> </table>			NAME	ADDRESS	TEL. NO.	Dr. EUGENE B. LAÑADA	Visayas State University	9176341472	MA. DELIA A. PAGENTE	Brgy. Guadalupe, Baybay City	9174729957	Dr. LIZA MAE A. RAPISURA	Davao City	9055959649	 <p>VERA STEPHANIE B. BALLENTES</p> <p>PHOTO</p>			
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<p>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.</p>																		
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<p>SUBSCRIBED AND SWORN to before me this <u>08 FEB 2022</u>, affiant exhibiting his/her validly issued government ID as indicated above.</p> <div style="text-align: center; margin-top: 20px;">  <p>ATTY. RYSAN C. GUINOCOK VSU Chief Legal Officer</p> <p>Person Administering Oath</p> </div>																		

WORK EXPERIENCE SHEET

Instructions: 1. Include only the work experiences relevant to the position being applied to.

2. The duration should include start and finish dates, if known, month in abbreviated form, if known, and year in full. For the current position, use the word Present, e.g., 1998-Present. Work experience should be listed from most recent first.

- Duration: January 2, 2020 to present
- Position: Administrative Assistant III
- Name of Office/Unit: College of Veterinary Medicine
- Designated as Veterinarian
- Immediate Supervisor: Dr. Santiago T. Peña, Jr.
- Name of Agency/Organization and Location: Visayas State University, Visca, Baybay City
- List of Accomplishments and Contributions (if any)
- Summary of Actual Duties
 - Supervise Administrative staff, laborers and students assistants in their respective duties
 - Preparation of laboratory media/identification of organism and assist in the preparation for histopathology.
 - Safekeeping of laboratory equipment, materials and supplies of CVM.
 - Issued supplies/materials to faculty/students for instruction, research and extension purposes
 - To collate extension data and visit barangays covered by the extension project.
 - Perform other duties, which may be assigned by the college dean
 - Other duties may be assigned by the faculties, department heads and dean of the college.


VERA STEPHANIE B. BALLENTES
(Signature over Printed Name
of Employee/Applicant)

Date: January 3, 2022