

# 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	CORMANES		
FIRST NAME	JOAN MARIE	NAME EXTENSION (JR., SR) N/A	
MIDDLE NAME	YGOT		
3. DATE OF BIRTH (mm/dd/yyyy)	April 01, 1993	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	Ormoc City, Leyte	If holder of dual citizenship, please indicate the details.	Philippines
5. SEX	<input type="checkbox"/> Male <input checked="" type="checkbox"/> Female		
6. CIVIL STATUS	<input checked="" type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Other/s:	17. RESIDENTIAL ADDRESS	Apt #. 9 Maple Escalante Apartments House/Block/Lot No. Street Brgy. Guadalupe Subdivision/Village Barangay Baybay Leyte City/Municipality Province
7. HEIGHT (m)	4'11	ZIP CODE	6521-A
8. WEIGHT (kg)	60		
9. BLOOD TYPE	"B"	18. PERMANENT ADDRESS	Melbourne St. House/Block/Lot No. Street Brgy. Dona Felisa Mejia Subdivision/Village Barangay Ormoc City Leyte City/Municipality Province
10. GSIS ID NO.	2005283394	ZIP CODE	6541
11. PAG-IBIG ID NO.	917020099536		
12. PHILHEALTH NO.	13-025377160-8		
13. SSS NO.	On Process	19. TELEPHONE NO.	561-8073
14. TIN NO.	335-512-751-0000	20. MOBILE NO.	09666983096
15. AGENCY EMPLOYEE NO.	V01031	21. E-MAIL ADDRESS (if any)	joanmarie.cormaness@vsu.edu.ph

## II. FAMILY BACKGROUND

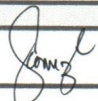
22. SPOUSE'S SURNAME	N/A		23. NAME of CHILDREN (Write full name and list all)	DATE OF BIRTH (mm/dd/yyyy)
FIRST NAME	N/A	NAME EXTENSION (JR., SR) N/A	N/A	N/A
MIDDLE NAME	N/A			
OCCUPATION	N/A			
EMPLOYER/BUSINESS NAME	N/A			
BUSINESS ADDRESS	N/A			
TELEPHONE NO.	N/A			
24. FATHER'S SURNAME	CORMANES			
FIRST NAME	JUANITO	NAME EXTENSION (JR., SR) JR.		
MIDDLE NAME	BARING			
25. MOTHER'S MAIDEN NAME	MA. ROSA DIANO YGOT			
SURNAME	YGOT			
FIRST NAME	MA. ROSA			
MIDDLE NAME	DIANO			

(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	Ormoc City, Leyte	Elementary diploma	1/6/2000	03/31/2005	N/A	2000	
SECONDARY	New Ormoc City National High School	High school diploma	1/6/2005	03/31/2009	N/A	2005	
VOCATIONAL / TRADE COURSE	N/A						
COLLEGE	Visayas State University	Doctor of Veterinary Medicine	1/6/2009	03/31/2016	N/A	2016	None
GRADUATE STUDIES	N/A						
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(Continue on separate sheet if necessary)


SIGNATURE		DATE	June 24, 2019	CS FORM 212 (Revised 2017), Page 1 of 4
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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
	<b>Veterinary Medicine Licensure Exam</b>	<b>0.8</b>	<b>Aug. 23, 24, and 25</b>	<b>Manila</b>	<b>8842</b>	<b>2019-2022</b>

## V. WORK EXPERIENCE

[illegible]

<b>SIGNATURE</b>		<b>DATE</b>	June 24, 2019	CS FORM 212 (Revised 2017), Page 2 of 4
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## VI. VOLUNTARY WORK OR INVOLVEMENT IN CIVIC / GOVERNMENT / PEOPLE / VOLUNTARY ORGANIZATION

[illegible]

(Continue on separate sheet if necessary)

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


[illegible]

(Continue on separate sheet if necessary)







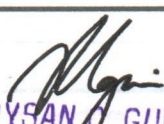
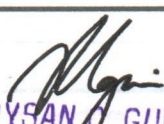
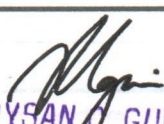
## VIII. OTHER INFORMATION

31. SPECIAL SKILLS and HOBBIES	32. NON-ACADEMIC DISTINCTIONS / RECOGNITION (Write in full)	33. MEMBERSHIP IN ASSOCIATION/ORGANIZATION (Write in full)
Playing musical instruments (piano and guitar)	Delegate for Leyte on VIVA EXCON (Visayas Islands Visual Artists Exhibition and Conference) on Nov. 9-11, 2018 at Roxas City, Capiz, Philippines	Veterinary Practitioners Association of the Philippines
Painting (Acrylic and Watercolor)	One of the exhibitors during the 2019 Art Exhibit "Sumad" held in the Balay Alumni, Visayas State University	Philippine Veterinary Medical Association
Cooking and gardening		

(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 checked="" type="checkbox"/> YES <input type="checkbox"/> NO If YES, give details: Family Problem _____												
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 type="checkbox"/> NO If YES, please specify ID No: _____ None yet												
41. REFERENCES (Person not related by consanguinity or affinity to applicant /appointee)													
<table border="1"><thead><tr><th>NAME</th><th>ADDRESS</th><th>TEL. NO.</th></tr></thead><tbody><tr><td>Dr. Ana Marquiza Quilicot</td><td>Visca, Baybay, Leyte</td><td>9228713558</td></tr><tr><td>Dr. Agnes Taveros</td><td>Visca, Baybay, Leyte</td><td>9061919698</td></tr><tr><td>Dr. Carl Pradera</td><td>Visca, Baybay, Leyte</td><td>9755185354</td></tr></tbody></table>		NAME	ADDRESS	TEL. NO.	Dr. Ana Marquiza Quilicot	Visca, Baybay, Leyte	9228713558	Dr. Agnes Taveros	Visca, Baybay, Leyte	9061919698	Dr. Carl Pradera	Visca, Baybay, Leyte	9755185354
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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 border="1"><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>8842</td></tr><tr><td>Date/Place of Issuance:</td><td>09/1/2016/PRC</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.:	8842	Date/Place of Issuance:	09/1/2016/PRC	<table border="1"><tr><td></td></tr><tr><td>Signature (Sign inside the box)</td></tr><tr><td>June 24, 2019</td></tr><tr><td>Date Accomplished</td></tr></table>		Signature (Sign inside the box)	June 24, 2019	Date Accomplished
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SUBSCRIBED AND SWORN to before me this <u>20 AUG 2019</u> , affiant exhibiting his/her validly issued government ID as indicated above.													
<table border="1"><tr><td> ATTY. RYSAN J. GUINOCOR VSULEGAL OFFICER</td></tr><tr><td>Person Administering Oath</td></tr></table>		 ATTY. RYSAN J. GUINOCOR VSULEGAL OFFICER	Person Administering Oath										
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Person Administering Oath													



### 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, 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: August 2017 to present
  - Position: Instructor I
  - Name of Office/unit: Visayas State University, College of Veterinary Medicine
  - Immediate Supervisor: Dr. Ana Marquiza Quilicot
  - Name of Agency/Organization and Location: Visayas State University, Baybay City, Leyte
    - List of Accomplishments and Contributions (if any)
      - Completion and submission of final grades of the students under the assigned subjects
      - Prepared research proposals, formed IEC materials, and participated in implemented extension services involved by the College of Veterinary Medicine
      - Has catered to various clients seeking consultation regarding their diseased companion animal, as well as sharing information regarding responsible pet ownership and rabies
    - Summary of Actual Duties
      - The work includes teaching a number of students based on the assigned subjects, including the preparation of IEC materials to be used during the lectures, formation of examination sheets and laboratory activities, correcting papers during exams, computation of grades, etc.
      - Supervises advisees conducting their undergraduate thesis in the fields of epidemiology, parasitology, bacteriology, and mycology
      - Member in different committees within the College
      - Involved in the research projects and extension duties of the College of Veterinary Medicine, and submission of its annual reports.
      - Resident Veterinarian of the CVM Clinic, catering to clients seeking consultation, surgery, home services, and basic prophylactic procedures for their companion animals
- 
- Duration: November 15, 2016 – July 25, 2017
  - Position: Veterinarian
  - Name of Office/unit:
  - Immediate Supervisor: Dr. Odysseus Camarillo
  - Name of Agency/Organization and Location: Cebu Veterinary Doctors/F. Ramos St., Cebu City
    - List of Accomplishments and Contributions (if any)
    - Summary of Actual Duties

- Responsible for the diagnosis of diseases presented in the clinic, treatment of said diseases, and patient management in canines and felines; establishes client-owner relationships; cater to home-services which includes vaccinations and deworming; represent the organization to veterinary conferences (e.g. VPAP); educate owners regarding responsible pet ownership and common diseases that can harm their pets.



Joan Marie Corman, DVM  
(Signature over Printed Name  
of Employee/Applicant)

Date: June 24, 2019