CS Form No. 212

Revised 2017 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 2 SURNAME CABARDO FIRST NAME JR DELFIN MIDDLE NAME **ESCUADRA** 3. DATE OF BIRTH AUGUST 28, 1990 16. CITIZENSHIP (mm/dd/yyyy) ✓ Filipino □ Dual Citizenship ☐ by birth ☐ by naturalization 4. PLACE OF BIRTH BAYBAY CITY, LEYTE If holder of dual citizenship, Pls. indicate country: please indicate the details. Female 5. SEX ✓ Male V ✓ Single ☐ Married 17. RESIDENTIAL ADDRESS 6 CIVIL STATUS House/Block/Lot No Street ☐ Widowed Separated 693 A BRGY SANTO ROSARIO Other/s: Subdivision/Village Barangay Baybay City Levte 7. HEIGHT (m) 1.64 m City/Municipality Province 75 KG 8. WEIGHT (kg) ZIP CODE 18. PERMANENT ADDRESS 9. BLOOD TYPE A+ House/Block/Lot No. Street 693 A BRGY SANTO ROSARIO 10 GSIS ID NO 2005554025 Subdivision/Village Barangay BAYBAY LEYTE 11. PAG-IBIG ID NO 1211-8475-1133 City/Municipality Province 12. PHILHEALTH NO 132020536059 ZIP CODE 6521 13. SSS NO. 34-6293398-7 19. TELEPHONE NO (053) 335-3904 14. TIN NO. 332-274-486 20. MOBILE NO. 09178781069/ 09362381539 delfincabardo@gmail.com/delfincabardo@yahoo.com/delfin. 15. AGENCY EMPLOYEE NO V01118 21. E-MAIL ADDRESS (if any) cabardo@vsu.edu.ph FAMILY BACKGROUND 22. SPOUSE'S SURNAME N/A N/A DATE OF BIRTH (mm/dd/yyyy) NAME EXTENSION (JR., SR) FIRST NAME 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 CABARDO FIRST NAME DELFIN MIDDLE NAME CANI 25. MOTHER'S MAIDEN NAME SURNAME **ESCUADRA** FIRST NAME MARCEDITA MIDDLE NAME N/A (Continue on separate sheet if necessary) . EDUCATIONAL BACKGROUND SCHOLARSHIP HIGHEST LEVEL/ NAME OF SCHOOL PERIOD OF ATTENDANCE BASIC EDUCATION/DEGREE/COURSE YEAR ACADEMIC LEVEL UNITS EARNED (Write in full) GRADUATED HONORS (Write in full) (if not graduated) RECEIVED From To ELEMENTARY **BAYBAY II CENTRAL SCHOOL** BASIC EDUCATION 06/01/1997 03/30/2002 N/A 2002 N/A SECONDARY **BAYBAY NATIONAL HIGHSCHOOL** GENERAL EDUCATION 06/01/2002 03/30/2006 2006 N/A VOCATIONAL / N/A N/A N/A N/A N/AN/A N/A TRADE COURSE **VISAYAS STATE UNIVERSITY** COLLEGE DOCTOR OF VETERINARY MEDICINE 06/01/2006 06/03/2016 2016 N/A **GRADUATE STUDIES** N/A N/A N/A N/A N/A N/A ate sheet if necessary) SIGNATURE DATE August 1, 2019

	SERVICE ELIG						•	1	1.1
	7. CAREER SERVICE/ RA 1080 (BOARD/ BAR) UNDER SPECIAL LAWS/ CES/ CSEE BARANGAY ELIGIBILITY / DRIVER'S LICENSE (If Applicable)		DATE OF EXAMINATION / CONFERMENT PLACE OF EXAMIN		, NATION / CONFERMENT		LICENSE (if a	Date of Validity	
PRC 83.8			08/23-25/2016 MA		NILA		8884	2019-202	
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			(Co	ntinue on separate sheet i	Fnacassary)				
	EXPERIENCE								
	vate employmer USIVE DATES	nt. Start from your recei				ed Work Ex	SALARY/ JOB/ PAY	<b>1.</b>	GOV'T
(r From	(mm/dd/yyyy) POSITION TITLE (Write in full/Do not abbreviate)		DEPARTMENT / AGEI (Write in full/I	MONTHLY SALARY	GRADE (if applicable)& STEP (Format "00-0")/ INCREMENT	STATUS OF APPOINTMENT	SERVICE (Y/ N)		
01/03/2019	7-31-2019	SCIENCE RESEARC	CH ASSISTANT	COLLEGE OF VETERINARY MEDICINE		17473.00	SG 9, STEP	CONTRACTUAL	Y
04/01/2018	12-30-2018	VETERINA	RIAN	GPY VETER	18000.00	N/A	REGULAR	N	
10/01/2016	10-31-2017	VETERINARIAN		MAKATI DOG A	26000.00	N/A	REGULAR	N	
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SIGI	NATURE		MAN		- DATE			1-2019 CS FORM 212 (Revised	2017) Page 2

VI. VOLUNTARY WORK OR INVOLVEMEN	TIN CIVIC / N GOVERNMENT / F	PEOPLE / VOL	UNTARY OR	GANIZATION/		
29. NAME & ADDRESS OF		INCLUSIV (mm/dx		NUMBER OF HOURS	Salmica cut	POSITION / NATURE OF WORK
(Write in	full)	From	To	NUMBER OF HOURS		POSITION / NATURE OF WORK
N/A	1 P-Q A	N/A	N/A	N/A	850 t = mile	N/A
				Caurente	2503 12.	DE LO SCHOOL DE SE SE LE LE SONE
						No. 140 C. C. C. Santa Laboratoria
		,				
/II. LEARNING AND DEVELOPMENT (L&L Start from the most recent L&D/training program and in	) INTERVENTIONS/TRAINING PRO		ENDED		gerlal positions)	
TITLE OF LEARNING AND DEVELOPMENT INTERVENTIONS/TRAINING PROGRAMS (Write in full)		INCLUSIVE DATES OF ATTENDANCE (mm/dd/yyyy) From To		NUMBER OF HOURS	Type of LD ( Managerial/ Supervisory/ Technical/etc)	CONDUCTED/ SPONSORED BY (Write in full)
SU CREDIT COOPERATIVE	The second second	6-15-2019	6-15-2019	8.0	TECHNICAL	VSU CREDIT COOPERATIVE
HILIPPINE ALLIANCE OF LABORATORY EQUIP	MEN USER (PALEU)	03/06/2019	03/07/2019	16.0	TECHNICAL	PHILIPPINE ALLIANCE OF LABORATORY EQUIPMENT USER
6TH PVMA SCIENTIFIC CONFERENCE AND ANN	UAL CONVENTION 2019	2-20-2019	2-22-2019	21.0	TECHNICAL	PHILIPPINE VETERINARY MEDICAL ASSOCIA
4TH PAHA ANNUAL CONFERENCE AND CPD PR	OGRAM	10/03/2018	10/05/2018	24.0	TECHNICAL	PHILIPPINE ANIMAL HOSPITAL ASSOCIATION
YE AND WOUND SEMINAR AND CANINE VECTO IANAGEMENT	R-BORNE DISEASE DIAGNOSIS AND	09/12/2018	09/12/2018	8.0	TECHNICAL	BAYER PHILIPPINES INC.
017 LOCAL SCIENTIFIC MEETING: INTENSIVE C	ARE PRECISION	8-31-2107	8-31-2017	8.0	TECHNICAL	ROYAL CANINE
ST COMPANION ANIMAL TECHNICAL FORUM: P	AIN MANAGEMENT	8-24-2017	8-24-2019	8.0	TECHNICAL	BOEHRINGER INGELHEIM
MAKING SENSE OF TEST RESULTS:A PROBLEM BASED APPROACH			3-22-2017	16.0	TECHNICAL	PHILIPPINE ANIMAL HOSPITAL ASSOCIATION
22ND ANNUAL PAHA CONFERENCE: CRITICAL CARE HANDS-ON WORKSHOP, HOW TO DRIVE CHANGE IN YOUR PRACTICE			10-13-2016	24.0	TECHNICAL	PHILIPPINE ANIMAL HOSPITAL ASSOCIATION
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	The second second second	DE SUMBLIGHT		7 6 1000		1 ACB 3-27 3121 12 3 4 60
VIII. OTHER INFORMATION	(Cont	linue on separate s	sheet if necessary	1)		
31. SPECIAL SKILLS and HOBBIES	32. NON-	ACADEMIC DISTIN		ENITION	Section 1	33. MEMBERSHIP IN ASSOCIATION/ORGANIZATI
COMPUTER LETIRATE		(Write in tuil)				PHILIPINE VETERINARY MEDICAL
COOKING	TOP 6 IN VETERINARY MEDICINE LICENSURE EXAM 2016					ASSOCIATION SCRAMBLED LEGS
DANCING	25 475	0010 1111212 2200				
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	SHIP WAS		A. IIIa			
SIGNATURE	(Cont	inue on separate s	the tif necessary	) 	TE.	
						8-1-2019

Name and Address of the Owner, where								
34.	Are you related by consanguinity or affinity to the a chief of bureau or office or to the person who has immediate su Bureau or Department where you will be approinted,							
	a. within the third degree?		☐ YES ☑	NO				
	b. within the fourth degree (for Local Government Unit - Career	Employees)?		NO				
			If YES, give details:					
35.	a. Have you ever been found guilty of any administrative offens	e?	☐ YES ☑	NO				
		erendeligi. De la mere de la companya de la mengante de la menante la companya de la mengante de la mengante d	If YES, give details:					
		erane de la faction de la grande de la faction de la f						
	b. Have you been criminally charged before any court?	☐ YES ☑ NO If YES, give details:						
		Date Filed:						
		Status of Case/s:						
00	Have you ever been convicted of any crime or violation of any	Later of Children Later and the Commission						
36.	any court or tribunal?	YES NO						
		If YES, give details:						
37.	Have you ever been separated from the service in any of the fo		☐ YES [	☑ NO				
	dropped from the rolls, dismissal, termination, end of term, finis the public or private sector?	ned contract or phased out (abolition) in	If YES, give details:					
-	a. Have you ever been a candidate in a national or local election.	n held within the last year (aveent						
38.	Barangay election)?	ir neid within the last year (except	☐ YES ☑ NO					
THE PARK			If YES, give details:					
	b. Have you resigned from the government service during the t		YES	☑ NO				
	election to promote/actively campaign for a national or local ca	If YES, give details:						
39.	Have you acquired the status of an immigrant or permanent re-	sident of another country?	☐ YES ☑ NO					
		If YES, give details (country):						
40.	, , , , , , , , , , , , , , , , , , , ,							
	and (c) Solo Parents Welfare Act of 2000 (RA 8972), please ar	nswer the following items:	March 1975 Orange Control					
a.	Are you a member of any indigenous group?		YES	☑ NO				
b.	Are you a percen with disability?		If YES, please specify:					
U.	Are you a person with disability?	☐ YES ☑ NO If YES, please specify ID No:						
C.	Are you a solo parent?	☐ YES	✓ NO					
			If YES, please specify ID					
41	REFERENCES (Person not related by consanguinity or affinity to applicant /a	onointee)						
71.			TEL NO					
	NAME	ADDRESS	TEL. NO.					
	EUGENE B. LAÑADA	Visca, Baybay City, Leyte						
	ANA MARQUIZA M. QUILICOT	Bilar, Bohol	9171433449	196				
L	AIA MANGOLA M. QOLIOOT	bildi, bollol		A Company				
42.	I declare under oath that I have personally accomplished	this Personal Data Sheet which is a t	rue, correct and					
	complete statement pursuant to the provisions of pertiner			- About				
	Philippines. I authorize the agency head/authorized representative to verify/validate the contents stated herein.  Agree that any misrepresentation made in this document and its attachments shall cause the filing of							
	administrative/criminal case/s against me.	en source de la company de	DOMESTICAL TOWN TO A STREET OF THE STREET OF					
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	Sovernment Issued ID (i.e.Passport, GSIS, SSS, PRC, Driver's License, etc.)							
F	PLEASE INDICATE ID Number and Date of Issuance							
0	Government Issued ID: PRC							
	D/License/Passport No.: 8884	ox)						
	Date/Place of Issuance: TACLOBAN CITY							
1		Date Accomplished		Right Thumbmark				
Г	SUBSCRIBED AND SWORN to before me this	AUG 2019	niting his/her validly issued	government ID as indicated above.				
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## WORK EXPERIENCE SHEET

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

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 starting with the most recent/present employment

## Sample: If applying to Supervising Administrative Officer

- Duration: JANUARY 3, 2019 July 31,2019
  Position: SCIENCE RESEARCH ASSISTANT
- Name of Office/Unit: COLLEGE OF VETERINARY MEDICINE
- Immediate Supervisor: DR. EUGENE B. LANADA
- Name of Agency/Organization and Location: DEPARTMENT OF VETERINARY CLINICAL SCIENCES
  - · Summary of Actual Duties
    - Responsible for the preparation of laboratory media/ identification of organism/ 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 extension project; performs other duties, which may be assigned by the college dean.
- Duration: April 1, 2018 December 30, 2018
- · Position: Resident Veterinarian
- · Name of Office/Unit:
- Immediate Supervisor: Dr. Adrian P. Ybanez
- Name of Agency/Organization and Location: GPY Veterinary Animale, Cebu City, Cebu
  - Summary of Actual Duties
    - Responsible for performing consultation, diagnosis and treatment of in and outpatient; conduction of surgery; administration of medication, vaccines and perfor,s other related functions.
- Duration: October 1, 2016- October 30, 2017
- · Position: Resident Veterinarian
- Name of Office/Unit:
- Immediate Supervisor: Dr. Sixto Miguel Enrique alimudin S. Carlos DVM, MSc.
- Name of Agency/Organization and Location: Makati Dog and Cat Hospital
  - Summary of Actual Duties
  - Responsible in performing consultation, diagnosis and treatment of in and out-patient; conduction of surgery; enhancement of health and wellness of pets; issuance of health certificates and performs other related functions.

**DELFIN E. CABARDO JR** 

Date: 08/1/2019

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DELFIN E. CABARDO JR

Date: <u>08/1/2019</u>