

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	OLANA		
FIRST NAME	KENNY ORIEL	NAME EXTENSION (JR., SR)	
MIDDLE NAME	ARANAS		
3. DATE OF BIRTH (mm/dd/yyyy)	JULY 16, 1991	16. CITIZENSHIP	<input checked="" type="checkbox"/> Filipino <input type="checkbox"/> Dual Citizenship
4. PLACE OF BIRTH	POBLACION, IMPASUGONG, BUKIDNON	If holder of dual citizenship, please indicate the details.	<input type="checkbox"/> by birth <input type="checkbox"/> by naturalization
5. SEX	<input checked="" type="checkbox"/> Male <input type="checkbox"/> Female		Pls. indicate country:
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)	1.65	17. RESIDENTIAL ADDRESS	N/A
8. WEIGHT (kg)	58.9	ZIP CODE	House/Block/Lot No. Street
9. BLOOD TYPE	O		Subdivision/Village Barangay
10. GSIS ID NO.	N/A		Baybay City Leyte
11. PAG-IBIG ID NO.	N/A		City/Municipality Province
12. PHILHEALTH NO.	08-026496631-4		
13. SSS NO.	N/A	18. PERMANENT ADDRESS	Zone 2 Olana Street
14. TIN NO.	491-762-056	ZIP CODE	House/Block/Lot No. Street
15. AGENCY EMPLOYEE NO.	ON THE PROCESS		Subdivision/Village Barangay
			Impasugong Bukidnon
			City/Municipality Province
			8702
19. TELEPHONE NO.	N/A		
20. MOBILE NO.	+639214611631 / +639364475133		
21. E-MAIL ADDRESS (if any)	kenny.olana@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		N/A	N/A
OCCUPATION	N/A		N/A	N/A
EMPLOYER/BUSINESS NAME	N/A		N/A	N/A
BUSINESS ADDRESS	N/A		N/A	N/A
TELEPHONE NO.	N/A		N/A	N/A
24. FATHER'S SURNAME	OLANA		N/A	N/A
FIRST NAME	REYNALDO	SR	N/A	N/A
MIDDLE NAME	DELA CRUZ		N/A	N/A
25. MOTHER'S MAIDEN NAME			N/A	N/A
SURNAME	ARANAS		N/A	N/A
FIRST NAME	MARINA		N/A	N/A
MIDDLE NAME	TAÑEDO		(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	IMPASUGONG CENTRAL ELEMENTARY SCHOOL	BASIC EDUCATION	06/01/1999	03/30/2004	N/A	2004	
SECONDARY	IMPASUGONG NATIONAL HIGH SCHOOL	GENERAL EDUCATION	06/01/2004	03/30/2008	N/A	2008	3RD Honorable
VOCATIONAL / TRADE COURSE							
COLLEGE	VISAYAS STATE UNIVERSITY	DOCTOR OF VETERINARY MEDICINE	06/02/2012	04/16/2016	N/A	2016	
GRADUATE STUDIES	UNIVERSITY OF THE PHILIPPINES LOS BAÑOS	MASTER IN VETERINARY EPIDEMIOLOGY	08/02/2017	06/22/2019	N/A	2019	CHED, DAAD-SEARCA

SIGNATURE		DATE	August 19, 2019
-----------	--	------	-----------------



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
	CSE-PPT	84.8	MAY 27, 2016	TACLOBAN CITY, LEYTE	312564	2016-2018
	PRC	82.0	01/08/2016	CAGAYAN DE ORO CITY, MISAMIS ORIENTAL	8929	2019-2022

V. WORK EXPERIENCE

(Include private employment. Start from your recent work) Description of duties should be indicated in the attached Work Experience sheet.

[illegible]

SIGNATURE		DATE	AUGUST 19, 2019
-----------	--	------	-----------------




[illegible]

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

[illegible]

VIII. OTHER INFORMATION

VIII. OTHER INFORMATION		
31. SPECIAL SKILLS and HOBBIES	32. NON-ACADEMIC DISTINCTIONS / RECOGNITION (Write in full)	33. MEMBERSHIP IN ASSOCIATION/ORGANIZATION (Write in full)
N/A	N/A	Philippine Medical Veterinary Association
		Philippine Network of Microbial Collection
		Philippine Society of Lactic Acid Bacteria
		VSU Alumni Association
		UPLB Alumni Association
		Toastmaster International
		SEARCHA Alumni Association

(Continue on separate sheet if necessary)	
SIGNATURE	<div style="display: flex; justify-content: space-between;"> <div style="width: 60%; text-align: center;">  </div> <div style="width: 35%;">DATE</div> </div> <div style="text-align: right; margin-top: -20px;">August 19, 2019</div>

CS FORM 212 (Revised 2017), Page 3

*L. E. Lippman*

**August 19, 2019**



<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 style="text-align: right;">N/A</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 style="text-align: right;">N/A</p> <hr/> <p><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>If YES, give details: _____</p> <p style="text-align: right;">Date Filed: _____ N/A</p> <p style="text-align: right;">Status of Case/s: _____ N/A</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 style="text-align: right;">N/A</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 style="text-align: right;">N/A</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 style="text-align: right;">N/A</p> <hr/> <p><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>If YES, give details: _____</p> <p style="text-align: right;">N/A</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 style="text-align: right;">N/A</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 checked="" type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>If YES, please specify: _____</p> <p style="text-align: right;">Higaonon</p> <hr/> <p><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>If YES, please specify ID No: _____</p> <p style="text-align: right;">N/A</p> <hr/> <p><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>If YES, please specify ID No: _____</p> <p style="text-align: right;">N/A</p>


41. REFERENCES (Person not related by consanguinity or affinity to applicant / appointee)

NAME	ADDRESS	TEL. NO.
EUGENE B. LAÑADA	Visca, Baybay City, Leyte	N/A
ANA MARQUIZA M. QUILICOT	Bilar, Bohol	N/A
BETSIE KRUEGER	Los Baños, Laguna	N/A

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.



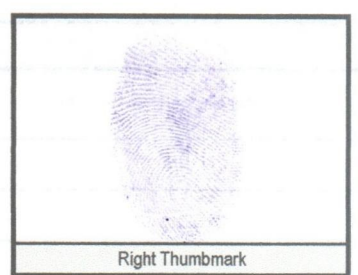
Government Issued ID (i.e. Passport, GSIS, SSS, PRC, Driver's License, etc.)	
<i>PLEASE INDICATE ID Number and Date of Issuance</i>	
Government Issued ID:	PRC
ID/License/Passport No.:	8929
Date/Place of Issuance:	Cagayan De Oro City




Signature (Sign inside the box)

August 19, 2019

Date Accomplished



SUBSCRIBED AND SWORN to before me this 29 AUG 2019, affiant exhibiting his/her validly issued government ID as indicated above.

  
**ATTY. RYSAN C. GUINOCOR**  
**VS LEGAL OFFICER**  
 Person Administering Oath.



## 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

- Duration: September 04, 2016 – May 30, 2017
- Position: Part-time Instructor
- Name of Office/Unit: College of Veterinary Medicine
- Immediate Supervisor: Eugene B. Lañada
- Name of Agency/Organization and Location: Visayas State University
- List of Accomplishments and Contributions (if any)
- Summary of Actual Duties
  - Responsible for performing teaching students, giving of examinations, computation of grades, and occasional administrative works.

  
KENNY ORIELA A. OLANA

(Signature over Printed Name  
of Employee/Applicant)

Date: August 06, 2019