

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	CABARDO		
FIRST NAME	DELFIN	JR	
MIDDLE NAME	ESCUADRA		
3. DATE OF BIRTH (mm/dd/yyyy)	AUGUST 28, 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	BAYBAY CITY, LEYTE	If holder of dual citizenship, please indicate the details.	
5. SEX	<input checked="" type="checkbox"/> Male <input type="checkbox"/> Female		
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:	17. RESIDENTIAL ADDRESS	693 A House/Block/Lot No. Street BRGY SANTO ROSARIO Subdivision/Village Barangay Baybay City Leyte City/Municipality Province
7. HEIGHT (m)	1.64 m	ZIP CODE	
8. WEIGHT (kg)	81.9 KG		
9. BLOOD TYPE	A+	18. PERMANENT ADDRESS	693 A House/Block/Lot No. Street BRGY SANTO ROSARIO Subdivision/Village Barangay BAYBAY LEYTE City/Municipality Province
10. GSIS ID NO.	2005554025	ZIP CODE	6521
11. PAG-IBIG ID NO.	1211-8475-1133		
12. PHILHEALTH NO.	132020536059		
13. SSS NO.	34-6293398-7	19. TELEPHONE NO.	(053) 335-3904
14. TIN NO.	332-274-486	20. MOBILE NO.	09178781069
15. AGENCY EMPLOYEE NO.	V01118	21. E-MAIL ADDRESS (if any)	delfin.cabardo@vsu.edu.ph

II. FAMILY BACKGROUND

22. SPOUSE'S SURNAME	N/A		N/A	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	CABARDO			
FIRST NAME	DELFIN	SR		
MIDDLE NAME	CANI			
25. MOTHER'S MAIDEN NAME				
SURNAME	ESCUADRA			
FIRST NAME	MARCEDITA			
MIDDLE NAME	N/A		(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	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 / TRADE COURSE	N/A	N/A	N/A	N/A		N/A/N/A	N/A
COLLEGE	VISAYAS STATE UNIVERSITY	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

(Continue on separate sheet if necessary)	
SIGNATURE	DATE
	07/30/2020



[illegible]

#### 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	07/30/2020
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[illegible]

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

INCLUSIVE DATES OF		Type of I.D.	










(Continue on separate sheet if necessary)

[illegible]

(Continue on separate sheet if necessary)

SIGNATURE		DATE	07/30/2020
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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: Resignation in private sector _____												
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 checked="" type="checkbox"/> NO If YES, please specify ID No: _____												
41. REFERENCES (Person not related by consanguinity or affinity to applicant /appointee)													
<table><tr><td>NAME</td><td>ADDRESS</td><td>TEL. NO.</td></tr><tr><td>EUGENE B. LAÑADA</td><td>Visca, Baybay City, Leyte</td><td>563-7170</td></tr><tr><td>ANA MARQUIZA M. QUILICOT</td><td>Bilar, Bohol</td><td>9171433449</td></tr><tr><td> </td><td> </td><td> </td></tr></table>		NAME	ADDRESS	TEL. NO.	EUGENE B. LAÑADA	Visca, Baybay City, Leyte	563-7170	ANA MARQUIZA M. QUILICOT	Bilar, Bohol	9171433449			
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ANA MARQUIZA M. QUILICOT	Bilar, Bohol	9171433449											
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</td></tr><tr><td>ID/License/Passport No.:</td><td>8884</td></tr><tr><td>Date/Place of Issuance:</td><td>TACLOBAN 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/License/Passport No.:	8884	Date/Place of Issuance:	TACLOBAN CITY	<table><tr><td></td></tr><tr><td>Signature (Sign inside the box)</td></tr><tr><td>07/30/2020</td></tr><tr><td>Date Accomplished</td></tr></table>		Signature (Sign inside the box)	07/30/2020	Date Accomplished
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SUBSCRIBED AND SWORN to before me this <u>24 AUG 2020</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>VS LEGAL OFFICER</td></tr><tr><td>Person Administering Oath</td></tr></table>			ATTY. RYSAN C. GUINOCOR	VS LEGAL OFFICER	Person Administering Oath								
													
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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

- Duration: AUGUST 1, 2019 – PRESENT
  - Position: Instructor I
  - Name of Office/Unit: COLLEGE OF VETERINARY MEDICINE
  - Immediate Supervisor: DR. EUGENE B. LANADA
  - Name of Agency/Organization and Location: Visayas State University
    - Summary of Actual Duties
      - dDRC
      - GAD
      - Responsible for carrying instructions for subjects taught. Assisted students on their research studies. Conducted college and attended extension works of the college.
- 
- 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.
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- 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 out-patient; conduction of surgery; administration of medication, vaccines and perform, 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: 08/19/2020