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 READ THE ATTACHED GUIDE TO FILLING OUT THE PERSONAL DATA SHEET (PDS) BEFORE ACCOMPLISHING THE PDS FORM. 1 CS ID No (Do not fill up. For CSC use only Print legibly. Tick appropriate boxes () [] use separate sheet if necessary. Indicate N/A if not applicable. DO NOT ABBREVIATE. CABARDO 2 SURNAME FIRST NAME DELFIN JR ESCUADRA MIDDLE NAME DATE OF BIRTH 16. CITIZENSHIP AUGUST 28, 1990 (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. 5. SEX ✓ Male Female ✓ Single Married 17. RESIDENTIAL ADDRESS 693 A 6 CIVIL STATUS House/Block/Lot No Street Widowed Separated BRGY SANTO ROSARIO Other/s: Subdivision/Village Barangay 7. HEIGHT (m) Baybay City Leyte 1.64 m Province City/Municipality 81.9 KG 8 WEIGHT (kg) 7IP CODE 18. PERMANENT ADDRESS 693 A 9. BLOOD TYPE Δ+ House/Block/Lot No Street 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 15. AGENCY EMPLOYEE NO V01118 21. E-MAIL ADDRESS (if any) delfin.cabardo@vsu.edu.ph 22. SPOUSE'S SURNAME N/A N/A DATE OF BIRTH (mm/dd/yyyy) NAME EXTENSION (JR., SR) FIRST NAME NA 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)					
I. EDUCATIONAL BACK	GROUND			4.23				
6. LEVEL	NAME OF SCHOOL (Write in full)	BASIC EDUCATION/DEGREE/COURSE (Write in full)	PERIOD OF ATTENDANCE		HIGHEST LEVEL/ UNITS EARNED	YEAR GRADUATED	SCHOLARSHIP/ ACADEMIC HONORS	
			From	То	(if not graduated)		RECEIVED	
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/AN/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	
The second of th	(0	ontinue on separate sheet if necessary)		ontrol estate in terrain		Antonio (Service)	errori, consideración	
SIGNATURE	ara		DA	NTE .	07/30/2020	39UTA45		

27. CARE		TA 1080 (BOARD/ BAR) UNDER RATING DATE OF		LICENSE (if applicable)					
BA		VS/ CES/ CSEE TY / DRIVER'S LICENSE	(If Applicable)	EXAMINATION / CONFERMENT			NUMBER	Date of Validity	
10.77	PRO		83.8	08/23-25/2016	MA	MANILA		8884	2019-20
			31 (93)		err 146 ettel Japa	1187 193			2010-201
				2	,		A 111 122		
	EXPERIENCE	. ~		ntinue on separate sheet					
28. INCLI	USIVE DATES m/dd/yyyy)	POSITION TO POSITION TI (Write in full/Do not	TLE	, DEPARTMENT / AGE	e indicated in the attache NCY / OFFICE / COMPANY /Do not abbreviate)	MONTHLY SALARY	SALARY/ JOB/ PAY GRADE (if applicable) & STEP (Format "00-0")/ INCREMENT	STATUS OF APPOINTMENT	GOV'T SERVICE (Y/ N)
01/03/2020	07/31/2020	INSTRUCTO	DR I	COLLEGE OF V	ETERINARY MEDICINE	24,495.00	STEP 1	CONTRACTUAL	γ.
08/1/2019	12/31/2019	INSTRUCT	ORI	COLLEGE OF VE	TERINARY MEDICINE	22,000	STEP 1	CONTRACTUAL	Y
01/03/2019	7-31-2019	SCIENCE RESEARC	H ASSISTANT	COLLEGE OF VE	TERINARY MEDICINE	17473.00	SG 9, STEP	CONTRACTUAL	Y
04/01/2018	12-30-2018	VETERINAL	RIAN	GPY VETER	INARY ANIMALE	18000.00	N/A	REGULAR	N
10/01/2016	10-31-2017	VETERINAL	RIAN	MAKATI DOG	AND CAT HOSPITAL	26000.00	N/A	REGULAR	N
				1					
					All				
				•	parer-				
					18.00	A 46			
				•					
					(7)200				
2.65									
								-	
				ntinue on separate sheet	if necessary)				
CONTRACTOR DESCRIPTION			nt at tra						

		IN CIVIC / NON-GOVERNMENT / P	INCLUSIV				
29.	NAME & ADDRESS OF (Write in		(mm/dk	i/yyyy)	NUMBER OF HOURS		POSITION / NATURE OF WORK
	N/A		From N/A	To N/A	N/A		N/A
	N/A		N/A	NVA	N/A	3	IVA
						EV. T.	
			-				
		(Cont) INTERVENTIONS/TRAINING PRO Jude only the relevant L&D/training taken for t		NDED		gerial positions	
		ITERVENTIONS/TRAINING PROGRAMS	INCLUSIVE ATTEN	DATES OF DANCE d/yyyy)	NUMBER OF HOURS	Type of LD (Managerial/ Supervisory/ Technical/etc)	CONDUCTED/ SPONSORED BY (Write in full)
Google Classroom	Seminar	- 4 - 4	12-13-2019	12-13-2019	4	Technical	VSU webteam
/SU CREDIT COOPE	RATIVE		6-15-2019	6-15-2019	8.0	TECHNICAL	VSU CREDIT COOPERATIVE
B6TH PVMA SCIENTII	FIC CONFERENCE AND ANNU	JAL CONVENTION 2019	2-20-2019	2-22-2019	21.0	TECHNICAL	PHILIPPINE VETERINARY MEDICAL ASSOCIATION
	CONFERENCE AND CPD PR		10/03/2018	10/05/2018	24.0	TECHNICAL	PHILIPPINE ANIMAL HOSPITAL ASSOCIATION
EYE AND WOUND SE MANAGEMENT	MINAR AND CANINE VECTO	R-BORNE DISEASE DIAGNOSIS AND	09/12/2018	09/12/2018	8.0	TECHNICAL	BAYER PHILIPPINES INC.
2017 LOCAL SCIENT	IFIC MEETING: INTENSIVE CA	ARE PRECISION	8-31-2107	8-31-2017	8.0	TECHNICAL	ROYAL CANINE
IST COMPANION AN	IMAL TECHNICAL FORUM: P.	AIN MANAGEMENT	8-24-2017	8-24-2017	8.0	TECHNICAL	BOEHRINGER INGELHEIM
MAKING SENSE OF TEST RESULTS:A PROBLEM BASED APPROACH			3-21-2017	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			10/11/2016	10-13-2016	24.0	TECHNICAL	PHILIPPINE ANIMAL HOSPITAL ASSOCIATION
	94 [5]		1				
18		1000	13-92				gar spilor ye befarqitan ingasiri inga sakili inga
		10 1 1 Lot 1	bay Core, Les	Visca, Ba			MANA A RI W BOUR
128		SHEEDWILL	i Je ioß	18			ANA MAR 2012 A M. GUILLE
**			72 782 77 5				
		(Con	itinue on separate	sheet if necessar	y)		
VIII. OTHER INFO	CIAL SKILLS and HOBBIES	32 · NON	LACADEMIC DISTI		GNITION		33. MEMBERSHIP IN ASSOCIATION/ORGANIZATION
		TOP 6 IN VETERINARY MEDICINE LICENSURE EXAM 2016					PHILIPINE VETERINARY MEDICAL
COMP	COOKING	TOP OIN VEIE	ASSOCIATION SCRAMBLED LEGS				
	DANCING	1	SCHAMBLED LEGS				
DUMA		Timeson					
KUNN	DRIVING						
CUST	OMER SERVICE						
		1.1					1
		(Cor	tinue on separate	sheet if necessa	ny)		

			4	9 3		
34.	Are you related by consanguinity or affinity to the appoin chief of bureau or office or to the person who has immed Bureau or Department where you will be apppointed, a within the third degree?		, ,	, , ,		
	b. within the fourth degree (for Local Government Unit -	☐ YES ☑ ☐ YES ☑ If YES, give details:				
35.	a. Have you ever been found guilty of any administrative	YES If YES, give details:	NO			
	b. Have you been criminally charged before any court?	☐ YES ☑ NO If YES, give details: Date Filed: Status of Case/s:				
36.	Have you ever been convicted of any crime or violation of any court or tribunal?	☐ YES ☑ NO If YES, give details:				
37.	Have you ever been separated from the service in any of dropped from the rolls, dismissal, termination, end of termination or private sector?	✓ YES NO If YES, give details: Resignation in private sector				
38.	A. Have you ever been a candidate in a national or local Barangay election)?	election held within the last year (except	YES If YES, give details:	✓ NO		
	b. Have you resigned from the government service durin election to promote/actively campaign for a national or lo	☐ YES ☑ NO If YES, give details:				
39.	Have you acquired the status of an immigrant or perman	☐ YES ☑ NO If YES, give details (country):				
40.	Pursuant to: (a) Indigenous People's Act (RA 8371); (b)	Magna Cada for Disabled Days on (DA 7077)				
	and (c) Solo Parents Welfare Act of 2000 (RA 8972), ple		AND THE RESERVE			
a.	Are you a member of any indigenous group?	ase answer the following items.	YES If YES, please specify:	☑ NO		
b.	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 No:				
41.	REFERENCES (Person not related by consanguinity or affinity to appl	licant /appointee)				
						
	EUGENE B. LAÑADA	ADDRESS Visca, Baybay City, Leyte	TEL. NO. 563-7170			
	ANA MARQUIZA M. QUILICOT	Bilar, Bohol	9171433449			
42.	I declare under oath that I have personally accomplic complete statement pursuant to the provisions of per Philippines. I authorize the agency head/authorized rep agree that any misrepresentation made in this of administrative/criminal case/s against me.	ertinent laws, rules and regulations of the resentative to verify/validate the contents state	Republic of the od herein.	DELFIN E. CABARDO JR. PHOTO		
P. G	overnment Issued ID (i.e Passport, GSIS, SSS, PRC, Driver's License, etc.) LEASE INDICATE ID Number and Date of Issuance overnment Issued ID: PRC VLicense/Passport No.: 8884	Signature (Sign inside the bo		Bull one of		
1		ox)	ingression and			
Di	ate/Place of Issuance: TACLOBAN CITY		Right Thumbmark			
	SUBSCRIBED AND SWORN to before me this	2 4 AUG 2020 , affiant exhib	iting his/her validly issued go	vernment ID as indicated above.		
		ATTY. RYSAN C. GUINOCOR				
	rune of Lord	n				

WORK EXPERIENCE SHEET

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

- 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
 - o dDRC
 - o 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.
- 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: 08/19/2020