

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 () 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)

PERSONAL INFORMATION

2. SURNAME	Dautil		
FIRST NAME	Jane	NAME EXTENSION (JR., SR) N/A	
MIDDLE NAME	Pagalan		
3. DATE OF BIRTH (mm/dd/yyyy)	06/29/1992	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	Brgy. Conalum, Inopacan, 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"/> Separated <input type="checkbox"/> Other/s:	17. RESIDENTIAL ADDRESS	29 Purok 1A House/Block/Lot No. Street Conalum Subdivision/Village Barangay INOPACAN LEYTE City/Municipality Province
7. HEIGHT (m)	1.52	ZIP CODE	6522
8. WEIGHT (kg)	60.00	18. PERMANENT ADDRESS	29 Purok 1A House/Block/Lot No. Street Conalum Subdivision/Village Barangay INOPACAN LEYTE City/Municipality Province
9. BLOOD TYPE	A+	ZIP CODE	6522
10. GSIS ID NO.	2005283396	19. TELEPHONE NO.	N/A
11. PAG-IBIG ID NO.	121225170686	20. MOBILE NO.	960-664-9496
12. PHILHEALTH NO.	132020543640	21. E-MAIL ADDRESS (if any)	jane.dautil@vsu.edu.ph
13. SSS NO.	N/A		
14. TIN NO.	499526066		
15. AGENCY EMPLOYEE NO.	V01030		

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	DAUTIL			
FIRST NAME	JUSTINIANO	NAME EXTENSION (JR., SR)		
MIDDLE NAME	MOSQUITO			
25. MOTHER'S MAIDEN NAME	VICTORIA VALENZONA PAGALAN			
SURNAME	DAUTIL			
FIRST NAME	VICTORIA			
MIDDLE NAME	PAGALAN		(Continue on separate sheet if necessary)	

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	Conalum Elementary School	Elementary	1999	2005		2005	N/A
SECONDARY	Conalum National High School	High School	2005	2009		2009	N/A
VOCATIONAL/ TRADE COURSE	N/A						
COLLEGE	Visayas State University	Doctor of Veterinary Medicine	2009	2016		2016	N/A
GRADUATE STUDIES	Institute of Tropical Medicine, Antwerp, Belgium	Master of Science in Tropical Animal Health	2020	2022		2022	N/A
(Continue on separate sheet if necessary)							
SIGNATURE			DATE		05/02/2024		

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29.	NAME & ADDRESS OF ORGANIZATION (Write in full)	INCLUSIVE DATES (mm/dd/yyyy)		NUMBER OF HOURS	POSITION / NATURE OF WORK
		From	To		
	N/A	N/A	N/A	N/A	N/A

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

[illegible]

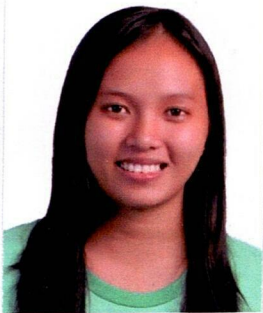






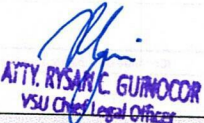
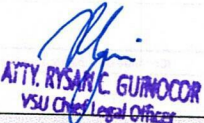
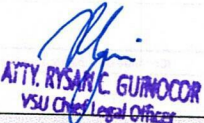
(Continue on separate sheet if necessary)

31. SPECIAL SKILLS and HOBBIES	32. NON-ACADEMIC DISTINCTIONS / RECOGNITION (Write in full)	33. MEMBERSHIP IN ASSOCIATION/ORGANIZATION (Write in full)
Driving two/four wheels vehicles	N/A	Veterinary Practitioners Association of the Philippines
Animal Healthcare		Philippine Veterinary Medical Association
Disease Diagnosis, Isolation and Management		
Computer Literate (MS Word, Excel, PPT presentation)		

(Continue on separate sheet if necessary)

Handwritten signature: *Handwritten signature*

05/02/2024

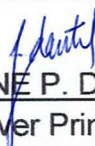
<p>34. Are you related by consanguinity or affinity to the appointing or recommending authority, or to the chief of bureau or office or to the person who has immediate supervision over you in the Office, Bureau or Department where you will be appointed,</p> <p>a. within the third degree? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>b. within the fourth degree (for Local Government Unit - Career Employees)? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p style="text-align: right;">If YES, give details: _____</p>														
<p>35. a. Have you ever been found guilty of any administrative offense? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p style="text-align: right;">If YES, give details: _____</p> <p>b. Have you been criminally charged before any court? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p style="text-align: right;">If YES, give details: _____</p> <p style="text-align: right;">Date Filed: _____</p> <p style="text-align: right;">Status of Case/s: _____</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? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p style="text-align: right;">If YES, give details: _____</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? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p style="text-align: right;">If YES, give details: _____</p>														
<p>38. a. Have you ever been a candidate in a national or local election held within the last year (except Barangay election)? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p style="text-align: right;">If YES, give details: _____</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? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p style="text-align: right;">If YES, give details: _____</p>														
<p>39. Have you acquired the status of an immigrant or permanent resident of another country? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p style="text-align: right;">If YES, give details (country): _____</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? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p style="text-align: right;">If YES, please specify: _____</p> <p>b. Are you a person with disability? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p style="text-align: right;">If YES, please specify ID No _____</p> <p>c. Are you a solo parent? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p style="text-align: right;">If YES, please specify ID No _____</p>														
<p>41. REFERENCES (Person not related by consanguinity or affinity to applicant /appointee)</p> <table border="1" style="width: 100%; border-collapse: collapse;"><thead><tr><th style="width: 35%;">NAME</th><th style="width: 35%;">ADDRESS</th><th style="width: 30%;">TEL. NO.</th></tr></thead><tbody><tr><td>Lotis M. Balala</td><td>Visca, Baybay City, Leyte</td><td>09359680818</td></tr><tr><td>Eugene B. Lañada</td><td>Guadalupe, Baybay City, Leyte</td><td>09176341472</td></tr><tr><td>Santiago T. Peña</td><td>Visca, Baybay City, Leyte</td><td>09210601535</td></tr></tbody></table>		NAME	ADDRESS	TEL. NO.	Lotis M. Balala	Visca, Baybay City, Leyte	09359680818	Eugene B. Lañada	Guadalupe, Baybay City, Leyte	09176341472	Santiago T. Peña	Visca, Baybay City, Leyte	09210601535	 <i>J. Dautil</i> JANE P. DAUTIL
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<p>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.</p>														
<table border="1" style="width: 100%; border-collapse: collapse;"><tr><td>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: PRC</td></tr><tr><td>ID/License/Passport No.: 0009109</td></tr><tr><td>Date/Place of Issuance: 09/23/2016 / PRC Tacloban</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.: 0009109	Date/Place of Issuance: 09/23/2016 / PRC Tacloban	<table border="1" style="width: 100%; border-collapse: collapse;"><tr><td style="text-align: center;"> Signature (Sign inside the box) 05/02/2024 Date Accomplished</td></tr></table>	 Signature (Sign inside the box) 05/02/2024 Date Accomplished	<table border="1" style="width: 100%; border-collapse: collapse;"><tr><td style="text-align: center;"> Right Thumbmark</td></tr></table>	 Right Thumbmark						
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<p>SUBSCRIBED AND SWORN to before me this 14 MAY 2024, affiant exhibiting his/her validly issued government ID as indicated above.</p> <table border="1" style="width: 100%; border-collapse: collapse;"><tr><td style="text-align: center;"> ATTY. RYSA E. GUINOCOR YSU Chief Legal Officer Person Administering Oath</td></tr></table>			 ATTY. RYSA E. GUINOCOR YSU Chief 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 to.

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 from most recent first.

- Duration: September 6, 2016 – May 31, 2017
 - Position: Part-time Instructor
 - Name of Office/Unit: College of Veterinary Medicine
 - Immediate Supervisor: Dr. Eugene B. Lañada
 - Name of Agency/Organization and Location: Visayas State University, Visca, Baybay, Leyte
 - List of Accomplishments and Contributions (if any)
 - Provide knowledge to the students as an instructor
 - Process documents needed during AACUP Accreditation
 - Summary of Actual Duties
 - Teaches the basic knowledge of veterinary medicine and help them during the conduct of laboratory experiments and explain to them on how these things happen, represent the organization to veterinary conferences (e.g. VPAP); and acts as a resource person during the seminar of ATI.
-
- Duration: August 4, 2017 – Present
 - Position: Instructor I
 - Name of Office/Unit: College of Veterinary Medicine
 - Immediate Supervisor: Dr. John Philip Lou M. Lumain
 - Name of Agency/Organization and Location: Visayas State University, Visca, Baybay, Leyte
 - List of Accomplishments and Contributions (if any)
 - Provide knowledge to the students as an instructor
 - Process documents needed during AACUP Accreditation
 - Prepare proposals for research and extension of the college
 - Summary of Actual Duties
 - Teaches the basic knowledge of veterinary medicine and help them during the conduct of laboratory experiments and explain to them on how these things happen, represent the organization to veterinary conferences (e.g. VPAP and PVMA); conduct research as part of the project of the college and attend extension works of the college.


 JANE P. DAUTIL
 (Signature over Printed Name
 of Employee/Applicant)

Date: April 12, 2024