

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	FALCONE		
FIRST NAME	FELY	NAME EXTENSION (JR., SR)	
MIDDLE NAME	CAÑETE		
3. DATE OF BIRTH (mm/dd/yyyy)	01/25/1993	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	ORMOC CITY, LEYTE	If holder of dual citizenship, please indicate the details.	
5. SEX	<input type="checkbox"/> Male <input checked="" type="checkbox"/> Female		
6 CIVIL STATUS	<input type="checkbox"/> Single <input checked="" type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Separated <input type="checkbox"/> Other/s:	17. RESIDENTIAL ADDRESS	ZONE 1 House/Block/Lot No. Street GUADALUPE Subdivision/Village Barangay BAYBAY LEYTE City/Municipality Province
7. HEIGHT (m)	143	ZIP CODE	6521
8. WEIGHT (kg)	41		
9. BLOOD TYPE	A+	18. PERMANENT ADDRESS	PUROK 2 House/Block/Lot No. Street MILAGRO Subdivision/Village Barangay ORMOC LEYTE City/Municipality Province
10. GSIS ID NO.	2006036112	ZIP CODE	6541
11. PAG-IBIG ID NO.	121101073981		
12. PHILHEALTH NO.	13-025151003-3		
13. SSS NO.	0111-5964420-6	19. TELEPHONE NO.	N/A
14. TIN NO.	458-935-641	20. MOBILE NO.	09487004608
15. AGENCY EMPLOYEE NO.		21. E-MAIL ADDRESS (if any)	fely.falcone@vsu.edu.ph

II. FAMILY BACKGROUND

22. SPOUSE'S SURNAME	FALCONE		23. NAME of CHILDREN (Write full name and list all)	DATE OF BIRTH (mm/dd/yyyy)
FIRST NAME	JOEL	NAME EXTENSION (JR., SR)	N/A	
MIDDLE NAME	ILUMBA			
OCCUPATION	SEAFARER			
EMPLOYER/BUSINESS NAME	CAREER PHILIPPINES INCORPORATED			
BUSINESS ADDRESS	MAKATI CITY			
TELEPHONE NO.	N/A			
24. FATHER'S SURNAME	CAÑETE			
FIRST NAME	FERNANDO	NAME EXTENSION (JR., SR)		
MIDDLE NAME	CAHAL			
25. MOTHER'S MAIDEN NAME				
SURNAME	ROSALES			
FIRST NAME	ANTONIETA			
MIDDLE NAME	REAL			
(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	MILAGRO ELEMENTARY SCHOOL	PRIMARY EDUCATION	06/01/1999	01/03/2005		2005	VALEDICTORIAN
SECONDARY	NEW ORMOC CITY NATIONAL HIGHSCHOOL	HIGH SCHOOL	01/06/2005	01/03/2009		2009	N/A
VOCATIONAL / TRADE COURSE	N/A						
COLLEGE	VISAYAS STATE UNIVERSITY	BS AGRICULTURE	01/06/2009	01/04/2013		2013	PMCPFI GRANT-Thesis
GRADUATE STUDIES	VISAYAS STATE UNIVERSITY	MS PLANT PATHOLOGY	01/05/2018	01/08/2021		2021	DOST-ASTHRDP SCHOLAR

(Continue on separate sheet if necessary)

SIGNATURE		DATE	January 3, 2023
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IV. CIVIL SERVICE ELIGIBILITY

[illegible]

(Continue on separate sheet if necessary)

V. WORK EXPERIENCE

[illegible]

(Continue on separate sheet if necessary)

SIGNATURE		DATE	January 3, 2023
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VI. VOLUNTARY WORK OR INVOLVEMENT IN CIVIC / NON-GOVERNMENT / PEOPLE / VOLUNTARY ORGANIZATION/S

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

(Continue on separate sheet if necessary)

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

30.	TITLE OF LEARNING AND DEVELOPMENT INTERVENTIONS/TRAINING PROGRAMS (Write in full)	INCLUSIVE DATES OF ATTENDANCE (mm/dd/yyyy)		NUMBER OF HOURS	Type of LD (Managerial/ Supervisory/ Technical/etc)	CONDUCTED/ SPONSORED BY (Write in full)
		From	To			
	ORGANIC AGRICULTURE PRODUCTION NC II	09/03/2019	10/09/2019	232.0	TECHNICAL	TECHNICAL EDUCATION AND SKILLS DEVELOPMENT
	AGRICULTURAL CROPS PRODUCTION NC II	01/12/2019	01/02/2020	245.0	TECHNICAL	TECHNICAL EDUCATION AND SKILLS DEVELOPMENT
	2019 SUC-ACAP, Inc. Annual Convention	05/22/2019	05/24/2019	24.0	TECHNICAL	SUC-ACAP, Inc.
	16th National Vegetable Congress	09/27/2017	09/29/2017	24.0	TECHNICAL	Eastern Visayas Vegetable Farmer-Officer's Association
	29th Joint VICAARP and RRDEN Regional Research, Development and Extension Symposium	11/27/2017	11/28/2017	24.0	TECHNICAL	VICAARP and RRDEN
	Master Class Training of ACIAR Vegetable Integrated Crop Management (ICM)	01/18/2016	01/22/2016	40.0	TECHNICAL	ACIAR (Australian Center for International Agricultural Research)
	Alternative Teaching Approaches: Do you think we are ready?	07/28/2016	07/28/2016	8.0	TECHNICAL	Dr. Abit, Oklahoma State University
	Training Workshop on Writing Scientific Papers for Peer-reviewed Publication	06/06/2016	06/09/2016	32.0	TECHNICAL	ACIAR (Australian Center for International Agricultural Research)
	Training Course on Integrated Crop Management for Vegetables	08/17/2015	08/17/2015	8.0	TECHNICAL	ACIAR (Australian Center for International Agricultural Research)










(Continue on separate sheet if necessary)

VIII. OTHER INFORMATION

31.	SPECIAL SKILLS and HOBBIES	32.	NON-ACADEMIC DISTINCTIONS / RECOGNITION (Write in full)	33.	MEMBERSHIP IN ASSOCIATION/ORGANIZATION (Write in full)
	KNOWLEDGE IN MICROSOFT OFFICE APPLICATIONS		N/A		N/A
	PLANT DISEASE DIAGNOSIS				
	PATHOGEN ISOLATION AND CULTURE				
	WEED IDENTIFICATION AND MANAGEMENT				
	KNOWLEDGE IN STATISTICAL DESIGN & ANALYSIS				
	REPORT AND SCIENTIFIC WRITING				

(Continue on separate sheet if necessary)

SIGNATURE		DATE	January 3, 2023
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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 type="checkbox"/> YES <input checked="" type="checkbox"/> NO If YES, give details: _____																
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><th>NAME</th><th>ADDRESS</th><th>TEL. NO.</th></tr><tr><td>DR. LUCIA M. BORINES</td><td>PDDL, VSU</td><td>917657908</td></tr><tr><td>INISH CHRIS P. MESIAS</td><td>DFST, VSU</td><td>9504955081</td></tr><tr><td>ELVIRA L. OCLARIT</td><td>DPM, VSU</td><td>9052225563</td></tr></table>		NAME	ADDRESS	TEL. NO.	DR. LUCIA M. BORINES	PDDL, VSU	917657908	INISH CHRIS P. MESIAS	DFST, VSU	9504955081	ELVIRA L. OCLARIT	DPM, VSU	9052225563				
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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>0016908</td></tr><tr><td>Date/Place of Issuance:</td><td>12/27/2021 ORMOC 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.:	0016908	Date/Place of Issuance:	12/27/2021 ORMOC CITY	<table><tr><td colspan="2"></td></tr><tr><td colspan="2">Signature (Sign inside the box)</td></tr><tr><td colspan="2">Jan 3, 2023</td></tr><tr><td colspan="2">Date Accomplished</td></tr></table>			Signature (Sign inside the box)		Jan 3, 2023		Date Accomplished	
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SUBSCRIBED AND SWORN to before me this <u>25 JAN 2023</u> , affiant exhibiting his/her validly issued government ID as indicated above.																	
<table><tr><td colspan="2"></td></tr><tr><td colspan="2">Atty. RYAN S. GUINODOC VSU Chief Legal Officer</td></tr><tr><td colspan="2">Person Administering Oath</td></tr></table>				Atty. RYAN S. GUINODOC VSU 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: August 2021 – January 2022
- Position: Part-time Instructor
- Name of Office/Unit: Department of Pest Management
- Immediate Supervisor: Elvira L. Oclarit
- Name of Agency/Organization and Location: Visayas State University, Baybay City, Leyte
- List of Accomplishments and Contributions (if any)
- Summary of Actual Duties
 - Teaches assigned subjects and performs other teaching related functions
 - Performs research and/or extension functions
 - Performs functions relative to committee memberships and other ad hoc assignments including related to quality assurance and other accreditation functions

- Duration: February 2022 – December 2022
- Position: Instructor I
- Name of Office/Unit: Department of Pest Management
- Immediate Supervisor: Elvira L. Oclarit
- Name of Agency/Organization and Location: Visayas State University, Baybay City, Leyte
- List of Accomplishments and Contributions (if any)
- Summary of Actual Duties
 - Teaches assigned subjects and performs other teaching related functions
 - Performs research and/or extension functions
 - Performs functions relative to committee memberships and other ad hoc assignments including related to quality assurance and other accreditation functions


FELY C. FALCONE

(Signature over Printed Name
of Employee/Applicant)

Date: JAN. 3, 2023