PERSONAL DATA SHEET



concerned.	ation made in the Personal Data Sheet and					criminal case/s a	gainst the pe	rson
Print legibly. Tick appropriate boxes	() and use separate sheet if necessary. Indica				1, CS ID No.		(Do not fill up. I	For CSC use only
I. PERSONAL INFORMATIO	T							
2. SURNAME	FALCONE							
FIRST NAME	FELY NAME EXTENSION (JR., SR)							
MIDDLE NAME	CAÑETE							
DATE OF BIRTH (mm/dd/yyyy)	01/25/1993	16. CITIZENSHIP			Filipino Dual Citizenship			ization
4. PLACE OF BIRTH	ORMOC CITY, LEYTE	If holder of dual citize				country:		
5. SEX	☐ Male ☑ Female	please indicate the d	etails.					-
6 CIVIL STATUS	☐ Single ✓ Married ☐ Widowed ☐ Separate	17. RESIDENTIAL ADDRESS	House/Block/Lot No.		0.		ZONE 1 Street	
	Other/s:		S	ubdivision/Village)		GUADALUPE Barangay	
7. HEIGHT (m)	143			BAYBAY City/Municipality		LEYTE Province		
8. WEIGHT (kg)	40	ZIP CODE	Спулиинарану			6521		
9. BLOOD TYPE	A+	18. PERMANENT ADDRESS				PUROK 2		
10. GSIS ID NO.	N/A	-	Ho	ouse/Block/Lot N	0.	Street MILAGRO		
		-	Si	ubdivision/Village	9	Barangay		Commission for its or which does not see ball and of deal
11. PAG-IBIG ID NO.	N/A			City/Municipality		LEYTE Province		
12. PHILHEALTH NO.	13-025151003-3	ZIP CODE		6541				
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				en e				
22. SPOUSE'S SURNAME	FALCONE		23. NAME of C	AME of CHILDREN (Write full name and list all)			DATE OF BIR	TH (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.								
24. FATHER'S SURNAME	CAÑETE							
FIRST NAME	FERNANDO	NAME EXTENSION (JR., SR)	ON (JR., SR)					
MIDDLE NAME	CAHAL							
25. MOTHER'S MAIDEN NAME								
SURNAME	ROSALES							
FIRST NAME	ANTONIETA		 					
MIDDLE NAME	REAL		(Continue on separa			parate sheet if neces	ssarv)	
III. EDUCATIONAL BACKG								
26. LEVEL	NAME OF SCHOOL (Write in full)	BASIC EDUCATION/DEGREE/COURSE (Write in full)		ATTENDANCE	HIGHEST LEVEL/ UNITS EARNED (if not graduated)	YEAR GRADUATED	SCHOLARSHIP/ ACADEMIC HONORS	
					То	(ii not graduated)		RECEIVED
ELEMENTARY	MILAGRO ELEMENTARY SCHOOL	PRIMARY EDUCATION		06/01/1999	01/03/2005		2005	VALEDICTORIA N
SECONDARY	NEW ORMOC CITY NATIONAL HIGHSCHOOL	HIGH SCHOOL		01/06/2005	01/03/2009		2009	
VOCATIONAL / TRADE COURSE	N/A							
COLLEGE	VISAYAS STATE UNIVERSITY	BS AGRICULTU	RE	01/06/2009	01/04/2013		2013	PMCPFI GRANT-Thesis
GRADUATE STUDIES				01/05/2018	01/08/2021		2021	DOST- ASTHRDP SCHOLAR
SIGNATURE	T	(Continue on separate sheet if neo	essary)	DA	ITE	Se	eptember 2, 2021	ı

IV. CIVIL S	SERVICE ELIGI	BILITY							
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 EXAMINA	ATION / CONFE	RMENT	LICENSE (if a	pplicable) Date of Validity	
			70.5	01/07/2013			0046000		
	AGRICUL	IURISI	79.5	01/0//2013		TACLOBAN CITY		0016908	1/25/2022
			(Co	ntinue on separate sheet if	necessary)				
	EXPERIENCE vate employme	nt. Start from your recei	nt work) Descripti	on of duties should b	e indicated in the attac	hed Work E	xperience she	et.	
28. INCLUSIVE DATES (mm/dd/yyyy) POSITION TI (Write in full/Do not a			DEPARTMENT / AGEI	MONTHLY SALARY	SALARY/ JOB/ PAY GRADE (if applicable) & STEP (Format "00-0")/ INCREMENT	STATUS OF APPOINTMENT	GOV'T SERVICE (Y/ N)		
From 02/01/2014	03/31/2015	SCIENCE RESEA	ARCH AIDE	VISAYAS STATE UNIVERSITY		6, 600	NACKEMEIAI	CONTRACTUAL	
08/01/2015	12/30/2017	SCIENCE RESEARC	H ASSISTANT	VISAYAS STA	ATE UNIVERSITY	15, 000		CONTRACTUAL	
	-								
	-								
	-		***************************************						
		•	(Co	ntinue on separate sheet if	necessary)			l	
SIGN	IATURE				DATE		September 2, 2	021 S FORM 212 (Revised 2	2017) Page 2 of

VI. VOLUNTARY WORK OR INVOLVEMENT	IN CIVIC / NON-GOVERNMENT			ORGANIZATION	I/S		
	NAME & ADDRESS OF ORGANIZATION (Write in full)		INCLUSIVE DATES (mm/dd/yyyy) From To		POSITION / NATURE OF WORK		
N/A							
		-					
	8	+					
		-	-	-			
VIII. I EARNING AND DEVEL ORMENT I AD		ontinue on separat		ry)			
VII. LEARNING AND DEVELOPMENT (L&D)	INTERVENTIONS/TRAINING F		VE DATES OF				
30. TITLE OF LEARNING AND DEVELOPMENT INT		ATTENDANCE (mm/dd/yyyy) From To		NUMBER OF HOURS	Type of LD (Managerial/ Supervisory/ Technical/etc)	CONDUCTED/ SPONSORED BY	
(Write in ful						(Write in full)	
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	
2019 SUC-ACAP, Inc. Annual Convention		05/22/2019	05/24/2019	2.0.0	TEOTHIONE	DEVELOPMENT	
			-	-		SUC-ACAP, Inc. Eastern Visayas Vegertable Farmer-Officer's	
16th National Vegetable Congress 29th Joint ViCAARP and RRDEN Regional Research,	Davidanment and Extension	09/27/2017	09/29/2017			Association	
Symposium	Development and Extension	11/27/2017	11/28/2017			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 a	re ready?	07/28/2016				Dr. Abit, Oklahoma State University	
Training Workshop on Writing Scientific Papers for I	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		8.0	TECHNICAL	ACIAR (Australian Center for International	
		-	+			Agricultural Research)	
			-	-			
		-	-	-			
			-				
		-					
		+	+	+			
		+	-	-			
			-	-			
VIII. OTHER INFORMATION	(C)	ontinue on seperat	e sheet if necessa	iry)			
	NC NC	N ACADEMIC DIST	INCTIONS / DECC	CNITION		MEMBERSHIP IN ASSOCIATION/ORGANIZATION	
31. SPECIAL SKILLS and HOBBIES	32. NON-ACADEMIC DISTRICTIONS / RECOGNITION (Write in full)					33. (Write in full)	
KNOWLEDGE IN MICROSOFT OFFICE APPLICATIONS		N/A					
PLANT DISEASE DIAGNOSIS							
WEED IDENTIFICATION AND MANAGEMENT		****					
KNOWLEDGE IN STATISTICAL DESIGN &					and the second second second second		
ANALYSIS PEDOPT AND SCIENTIFIC WRITING	-			-			
REPORT AND SCIENTIFIC WRITING	-	***	,				

SIGNATURE	(Ca	ontinue on separat	e sheet if necessa		ATE	0	
SIGNATORE					-/L	September 2, 2021 CS FORM 212 (Revised 2017), Page 3 of 4	

chief o Burea a. with	ou related by consanguinity or affinity to the appointing of bureau or office or to the person who has immediate a u or Department where you will be apppointed, nin the third degree?		☑ NO				
b. with	iin the fourth degree (for Local Government Unit - Care	YES If YES, give details	☑ NO				
35. a. Hav	e you ever been found guilty of any administrative offe	☐ YES ☑ NO If YES, give details:					
b. Hav	ve you been criminally charged before any court?	☐ YES ☑ NO If YES, give details: Date Filed: Status of Case/s:					
	you ever been convicted of any crime or violation of an ourt or tribunal?	☐ YES ☑ NO If YES, give details:					
dropp	you ever been separated from the service in any of the ed from the rolls, dismissal, termination, end of term, fin public or private sector?		☐ YES ☑ NO If YES, give details:				
Baran	ve you ever been a candidate in a national or local election)?	☐ YES ☑ NO If YES, give details:					
	we you resigned from the government service during the on to promote/actively campaign for a national or local or	☐ YES ☑ NO If YES, give details:					
39. Have	you acquired the status of an immigrant or permanent i	☐ YES ☑ NO If YES, give details (country): ————————————————————————————————————					
	ant to: (a) Indigenous People's Act (RA 8371); (b) Magi						
	c) Solo Parents Welfare Act of 2000 (RA 8972), please ou a member of any indigenous group?	YES If YES, please specify	☑ NO				
b. Are yo	Are you a person with disability?			☐ YES ☑ NO If YES, please specify ID No:			
c. Are yo	Are you a solo parent?			☐ YES ☑ NO If YES, please specify ID No:			
41. REFER	ENCES (Person not related by consanguinity or affinity to applicant	/appointee)					
	NAME	ADDRESS	TEL. NO.				
	DR. LUCIA M. BORINES	PDDL, VSU	917657908	(a)			
	INISH CHRIS P. MESIAS	DFST, VSU	9504955081				
compl Philipp agree	are under oath that I have personally accomplished ete statement pursuant to the provisions of pertine pines. I authorize the agency head/authorized represer that any misrepresentation made in this docun istrative/criminal case/s against me.	nt laws, rules and regulations of the I ntative to verify/validate the contents state	Republic of the	FALCONE, FELY C			
Governme PLEASE I	ent Issued ID (i.e.Passport, GSIS, SSS, PRC, Driver's License, etc.) NDICATE ID Number and Date of Issuance	A					
Government Issued ID: PRC							
ID/License	ID/License/Passport No.: 0016908 Signature (Sign inside the b						
Date/Place	ate/Place of Issuance: 09/04/2019 ORMOC CITY Sept. 2 , 2021 Date Accomplished			Right Thumbmark			
	SUBSCRIBED AND SWORN to before me this 2 3	ATTY, RYSAN C. GUINOCOR VSU Objet Legal Officer Person Administering Oath		overnment ID as indicated above.			
		Carlinowing Oddi					