CS F	orm	No.	21
Revis			

## **PERSONAL DATA SHEET**

WARNING: Any misrepresentation READ THE ATTACHED GUIDE TO						trative/crim	inal case/s agains	st the person	concerned.		
Print legibly. Tick appropriate boxes (		t if necessary. Indicate	N/A if not applicable. DO NOT A	BREVIATE.		1. CS ID No.			(Do not fill up. For CSC use only		
2. SURNAME	CUEVA										
gage - commence and a more agentification of the com-	N/A							And all the second resolutions are second to the second se			
	SHEBELLE PULLERANCE OF A SHEET OF										
	ALCARIA		1								
3. DATE OF BIRTH (mm/dd/yyyy)	01/10/-	1997	16. CITIZENSHIP		☑ Filipino ☐ Dual Citizenship ☐ by birth ☐ by naturaliza			tion			
4. PLACE OF BIRTH	CEBU	8 (1994) - 1 (1994) -			Pls. indicate cou	Pls. indicate country:					
5. SEX	☐ Male			etails.	▼				•		
6 CIVIL STATUS			17. RESIDENTIAL ADDRESS	n/a         n/a           House/Block/Lot No.         Street           n/a         GABAS			Street GABAS				
7. HEIGHT (m)				Sub	Subdivision/Village Barangay BAYBAY LEYTE						
i jauses l	18/64		RETOVERSMALLEW	Cit	City/Municipality			04	Province		
8. WEIGHT (kg)		42 KGS ZIP CODE			n/a		65.	21	n/a		
9. BLOOD TYPE	BLOOD 1	TYPE A	18. PERMANENT ADDRESS	Hous	se/Block/Lot N	lo.			Street		
10. GSIS ID NO.	nor	ie		Sub	LANGUB division/Villag	θ		К	ALUNASAN Barangay		
11. PAG-IBIG ID NO.	1212-586	9-2292		C#	CEBU y/Municipality			CEBU	Province		
12. PHILHEALTH NO.	1225-0978-6982		ZIP CODE	Oil	6000	A SECULAR DE LA CONTRACTOR DE LA CONTRAC	Secretary and the second	Province			
13. SSS NO.	06-4356517-7	and the configuration and the control	19. TELEPHONE NO.	general through New York	The second of the Sup	alle in the desired	NO	NE			
14. TIN NO.	770-955-390-000		20. MOBILE NO.			09974179589					
15. AGENCY EMPLOYEE NO.	N/A		21. E-MAIL ADDRESS (if any)				shebelle.cueva@vsu.edu.ph				
II. FAMILY BACKGROUND											
22. SPOUSE'S SURNAME		N/A		23. NAME of C	HILDREN (W	rite full name	and list all)		DATE OF BIRTH (mm/dd/yyyy)		
FIRST NAME	N/A	A	NAME EXTENSION (JR., SR)	N/A		N/A		N/A			
MIDDLE NAME		N/A									
OCCUPATION		N/A									
EMPLOYER/BUSINESS NAME		N/A					D*				
BUSINESS ADDRESS		N/A									
TELEPHONE NO.		N/A									
24. FATHER'S SURNAME		CUEVA									
FIRST NAME	MAN	VEL	NAME EXTENSION (JR., SR)								
MIDDLE NAME		LANTICSE									
25. MOTHER'S MAIDEN NAME											
SURNAME		ALCARIA									
FIRST NAME		MARITA									
MIDDLE NAME		ALBARAN				(Co	ontinue on separat	e sheet if nece	essary)		
III. EDUCATIONAL BACKGROUNI							HICHECT				
26. LEVEL	NAME OF (Write i		BASIC EDUCATION/DEGR (Write in full)	EE/COURSE		DD OF DANCE To	HIGHEST LEVEL/ UNITS EARNED	YEAR GRADUAT ED	SCHOLARSHIP/ ACADEMIC HONORS RECEIVED		
ELEMENTARY	GUADALUPE ELEM	ENTARY SCHOOL	N/A			03/01/2009	N/A	2009	9TH HONOR		
SECONDARY	ABELLANA NATI	ONAL SCHOOL	N/A		06/01/2009	03/01/2013	N/A	2013	6TH HONOR		
VOCATIONAL / TRADE COURSE	N/	Α	N/A		N/A	N/A	N/A	N/A	N/A		
COLLEGE	VISAYAS STAT	E UNIVERSITY	N/A		06/02/2013	06/14/2019	9 N/A 2019 PILMICO SCHOL		PILMICO SCHOLAR		
GRADUATE STUDIES	N/	A	N/A		N/A	N/A	N/A N/A N/A				
			(Continue on separa	ate sheet if nec	essary)						
SIGNATURE		agenza	<i>?</i> .		DA	NTE .		Sep	tember 21, 2020 CS FORM 212 (Revised 2017) Page 1 of 4		

V. CIVIL S	SERVICE ELIC	BILITY						*	
7. CARE		1080 (BOARD/ BAR) UNDER	RATING				LICENSE (if applicable)		
BA		WS/ CES/ CSEE LITY / DRIVER'S LICENSE	(If Applicable)	EXAMINATION / CONFERMENT	EXAMINATION / PLACE OF EXAMINATION / CONFERMENT CONFERMENT		RMENT	NUMBER	Date of Validity
	DVM LICENSURE EXAM			AUGUST 14-16 2020	UC MAMBALII	NG , CEBU C	CITY	0010406	01.10.22
			(0	Continue on separate sheet if ned	cessary)				
v. WORK	EXPERIENCE					and the second second		erick to a reason of the se	
include priv	vate employmei	nt. Start from your recent	work) Descriptio	on of duties should be ind	icated in the attached	i Work Expe	rience sheet.		
B. INCL	.USIVE DATES	POSITION TI	TLE	DEPARTMENT / AGENCY	//OFFICE/COMPANY	MONTHLY SALARY	SALARY/ JOB/ PAY GRADE (if applicable)& STEP (Format "00-0")/	STATUS OF APPOINTMENT	GOV'T SERVICI (Y/ N)
8. INCL	USIVE DATES	POSITION TI	TLE	DEPARTMENT / AGENCY	//OFFICE/COMPANY	MONTHLY	SALARY/ JOB/ PAY GRADE (if applicable)& STEP		SERVICE
3. INCLI (m	.USIVE DATES nm/dd/yyyy)	POSITION TI	TLE abbreviate)	DEPARTMENT / AGENCY	//OFFICE/COMPANY not abbreviate)	MONTHLY	SALARY/ JOB/ PAY GRADE (if applicable)& STEP (Format "00-0")/		SERVICE
3. INCLI (m	.USIVE DATES mm/dd/yyyy)  To	POSITION TI (Write in full/Do not a	TLE abbreviate)	DEPARTMENT / AGENCY (Write in full/Do n	//OFFICE/COMPANY not abbreviate)	MONTHLY SALARY	SALARY/ JOB/ PAY GRADE (if applicable)& STEP (Format "00-0")/	APPOINTMENT	SERVICE (Y/ N)
3. INCLI (m	.USIVE DATES mm/dd/yyyy)  To	POSITION TI (Write in full/Do not a	TLE abbreviate)	DEPARTMENT / AGENCY (Write in full/Do n	//OFFICE/COMPANY not abbreviate)	MONTHLY SALARY	SALARY/ JOB/ PAY GRADE (if applicable)& STEP (Format "00-0")/	APPOINTMENT	SERVICI (Y/ N)
3. INCLI (m	USIVE DATES mm/dd/yyyy)  To 9.18.20	POSITION TI (Write in full/Do not a	TLE abbreviate)	DEPARTMENT / AGENCY (Write in full/Do n	//OFFICE/COMPANY not abbreviate)	MONTHLY SALARY	SALARY/ JOB/ PAY GRADE (if applicable)& STEP (Format "00-0")/	APPOINTMENT	SERVICI (Y/ N)
3. INCLI (m	To  9.18.20	POSITION TI (Write in full/Do not a	TLE abbreviate) ERINARIAN	DEPARTMENT / AGENCY (Write in full/Do n	or abbreviate)  SS VETERINARY & CLINICS	MONTHLY SALARY	SALARY/ JOB/ PAY GRADE (if applicable)& STEP (Format "00-0")/	APPOINTMENT	SERVICI (Y/ N)
8. INCLI (m	USIVE DATES mm/dd/yyyy)  To 9.18.20	POSITION TI (Write in full/Do not a	TLE abbreviate) ERINARIAN	DEPARTMENT / AGENCY (Write in full/Do n	or abbreviate)  SS VETERINARY & CLINICS	MONTHLY SALARY	SALARY/ JOB/ PAY GRADE (if applicable)& STEP (Format "00-0")/	CASUAL	SERVICE (Y/ N)

29. NAME & ADDRESS OF ORGANIZATION (Write in full)  From To  PVMA-CENTRALVISAYAS CHAPTER  10.9.2019 PRESENT AUDITOR  (Continue on separate sheet if necessary)	
PVMA-CENTRALVISAYAS CHAPTER 10.9.2019 PRESENT AUDITOR	TION / NATURE OF WORK
Send quity of activity of ense?	a complete a complete a
(Continue on separate sheet if necessary)	
(Continue on separate sheet if necessary)	
VII. LEARNING AND DEVELOPMENT (L&D) INTERVENTIONS/TRAINING PROGRAMS ATTENDED	
Start from the most recent L&D/training program and include only the relevant L&D/training taken for the last five (5) years for Division Chief/Executive/Managerial positions)	
INCLUSIVE DATES OF Type of LD	
30. TITLE OF LEARNING AND DEVELOPMENT INTERVENTIONS/TRAINING PROGRAMS ATTENDANCE MILIBER OF HOUSE (Managerial/	CONDUCTED/ SPONSORED BY
(Write in full) (mm/dd/yyyy) Supervisory/ Technical/etc)	(Write in full)
From         To           PVMA-CV 20TH REGIONAL CONVENTION         08/10/2019         09/10/2019         16 HOURS         DELEGATE         PVMA-	CENTRAL VISAYAS CHAPTER
PILMICO CONGRESS 2018 25/10/2018 27/10/2018 DELEGATE	PILMICO FOODS CORP.
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ational of the second of the s	year (eycapi carangay
(Continue on separate sheet if necessary)	The Decision Start of the
VIII. OTHER INFORMATION	
31. SPECIAL SKILLS and HOBBIES 32. NON-ACADEMIC DISTINCTIONS / RECOGNITION 33.	IEMBERSHIP IN ASSOCIATION/ORGANIZ
(Write in full)	(Write in full)
painting N/A	PVMA-CENTRAL VISAYAS
drawing growthof and heave as supplied to \$300 to the supplied	
Sewing	.2- 201
Whose states and the second se	
(Continue on separate sheet if necessary)	rether based 8 volumes. The
SIGNATURE CONTY. DATE	SEPTEMBER 21, 2020
If YES I have specify DI NA	CS FORM 212 (Revised 2017), Pa
	CS FORM 212 (Newson 2011), Fa
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Selection (Selection of the Selection of	t I led nted betre earlied 1 St.  a set of research in earlied  a set of research and a research  a set of betre diseason  3 101 betre diseason  3 201 089 person forms a 200  30100 hours of set of s
College  College  Consequence	t I led nted betre earlied 1 St.  a set of research in earlied  a set of research and a research  a set of betre diseason  3 101 betre diseason  3 201 089 person forms a 200  30100 hours of set of s

<ol> <li>Are you related by consanguinity or affinity to the appointing chief of bureau or office or to the person who has immediate</li> </ol>	님이 아들이 아름답니다 내가 됐다면 들어가 그렇게 되었다. 그렇게 하는 나를 가 없는 사람들이 어떻게 하는 것이다. 나를 했다.		· 1	
Bureau or Department where you will be apppointed,	supervision over you in the Onice,			
a. within the third degree?		□ VEC	Ed No	
· ·		☐ YES	▼ NO ▼ NO	
b. within the fourth degree (for Local Government Unit - Care	b. within the fourth degree (for Local Government Offit - Career Employees)?			
35. a. Have you ever been found guilty of any admi	YES If YES, give details:	✓ NO		
b. Have you been criminally charged before any	y court?	☐ YES If YES, give details: Date F Status of Ca:	***************************************	
36. Have you ever been convicted of any crime or vordinance or regulation by any court or tribunal	YES If YES, give details:	▼ NO		
37. Have you ever been separated from the service resignation, retirement, dropped from the rolls, or	YES If YES, give details:	✓ NO		
38. a. Have you ever been a candidate in a national year (except Barangay election)?	or local election held within the last	☐ YES If YES, give o	✓ NO details:	
<ul> <li>b. Have you resigned from the government sen- period before the last election to promote/active</li> </ul>		☐ YES  If YES, give o	✓ NO details:	
Have you acquired the status of an immigrant country?	「 ☐ YES ☑ NO If YES, give details (country):			
40. Pursuant to: (a) Indigenous People's Act (RA 8371); (RA 7277); and (c) Solo Parents Welfare Act of 2000 items:	그리다 하는 사람들은 사람들이 되었다면 하는 사람들이 되었다. 그 사람들은 사람들이 없는 것이 되었다면 하는 것이다.			
a. Are you a member of any indigenous group?		☐ YES If YES, please spec	✓ NO	
b. Are you a person with disability?	Spice Production on the control	☐ YES  If YES, please spec	✓ NO	
c. Are you a solo parent?		☐ YES If YES, please spec	✓ NO	
41. REFERENCES (Person not related by consanguinity or affin	nity to applicant /appointee)			
NAME	ADDRESS	TEL. NO.		
Lotis M. Balala	VSU, Baybay City Leyte	7.2.770		
Gammaliel John Cuaresma	Dumaguete, Negros Oriental		10 TO	
Ann Marie Ramirez	VSU, Baybay City Leyte		(3)	
42. I declare under oath that I have personally accomplished statement pursuant to the provisions of pertinent laws, rules agency head/authorized representative to verify/validate the made in this document and its attachments shall cause the fil	s and regulations of the Republic of the Philippe contents stated herein. I agree that a	oines. I authorize the	SHEBELLE ALCARIA CUEVA	
Government Issued ID (i.e.Passport, GSIS, SSS, PRC, Driver's License, etc.)  PLEASE INDICATE  Government Issued PRC LICENSED ID	afoge.			
ID/License/Passport 0010406	Signature (Sign inside th	e hov)		
Date/Place of Issuar 9/10/2019 CEBU CITY	1	Right Thumbmark		
SUBSCRIBED AND SWORN to before me this	8 NOV 2020 , affiant exh	ibiting his/her validly	issued government ID as indicated above.	
	ATTY. RYSAN C. GUINOCO			
	VSUTEGATOR Administering C	ath		