CS Form No. 212

SIGNATURE

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. 1. CS ID No. (Do not fill up. For CSC use only) Print legibly, Tick appropriate boxes ( ) a use separate sheet if necessary. Indicate N/A if not applicable. DO NOT ABBREVIATE. BALLENTES 2. SURNAME NAME EXTENSION (JR., SR) FIRST NAME **VERA STEPHANIE** MIDDLE NAME **BAYOG** 3. DATE OF BIRTH 9/25/1990 16. CITIZENSHIP ✓ Filipino Dual Citizenship (mm/dd/yyyy) ✓ by birth by naturalization MIDSAYAP, NORTH COTABATO 4. PLACE OF BIRTH If holder of dual citizenship Pls. indicate country: please indicate the details Male ✓ Female 5. SEX ✓ Single Married 17. RESIDENTIAL ADDRESS BLOCK 6 LOT 4 6 CIVIL STATUS House/Block/Lot No. Widowed Street Separated NIA VILLAGE VILLARICA Other/s: Subdivision/Village Barangay NORTH COTABATO MIDSAYAP 7 HEIGHT (m) 5'2 City/Municipality Province 8. WEIGHT (kg) 43 7IP CODE 9410 18. PERMANENT ADDRESS 9. BLOOD TYPE "0" House/Block/Lot No. Street GABAS 10 GSIS ID NO On Process Subdivision/Village Barangay BAYBAY LEYTE 11. PAG-IBIG ID NO. 919350818369 City/Municipality Province 12. PHILHEALTH NO. 13-025537323-5 ZIP CODE 6521 13. SSS NO. N/A 19. TELEPHONE NO N/A 14. TIN NO 762-828-140 20. MOBILE NO 0927-584-8166 15. AGENCY EMPLOYEE NO. V000617 21. E-MAIL ADDRESS (if any) veraballentes@yahoo.com 22. SPOUSE'S SURNAME 23. NAME of CHILDREN (Write full name and list all) DATE OF BIRTH (mm/dd/yyyy) NAME EXTENSION (JR., SR) FIRST NAME N/A N/A N/A MIDDLE NAME N/A OCCUPATION EMPLOYER/BUSINESS NAME N/A BUSINESS ADDRESS N/A TELEPHONE NO. N/A BALLENTES 24 FATHER'S SURNAME ADFLON FIRST NAME VENCER MIDDLE NAME 25. MOTHER'S MAIDEN NAME SURNAME **BAYOG** FIRST NAME ALMA MIDDLE NAME LUCASAN (Continue on separate sheet if necessary) SCHOLARSHIP HIGHEST LEVEL NAME OF SCHOOL PERIOD OF ATTENDANCE BASIC EDUCATION/DEGREE/COURSE YEAR **ACADEMIC** LEVEL UNITS EARNED GRADUATED (Write in full) (Write in full) (if not graduated) RECEIVED From To ELEMENTARY SOUTHERN CHRISTIAN COLLEGE **ELEMENTARY CERTIFICATE** 2003 GRADUATED N/A 1997 2003 SOUTHERN CHRISTIAN COLLEGE SECONDARY HIGH SCHOOL DIPLOMA 2003 2007 GRADUATED 2007 N/A VOCATIONAL / N/A N/A N/A N/A N/A N/A N/A TRADE COURSE COLLEGE VISAYAS STATE UNIVERSITY **DOCTOR OF VETERINARY MEDICINE** 2011 2018 GRADUATED 2018 N/A GRADUATE STUDIES N/A N/A N/A N/A N/A N/A N/A

January 31, 2020

DATE

В	SPECIAL LAWS		RATING	DATE OF EXAMINATION /		•	LICENSE (if applicable)		
		7. CAREER SERVICE/ RA 1080 (BOARD/ BAR) UNDER SPECIAL LAWS/ CES/ CSEE BARANGAY ELIGIBILITY / DRIVER'S LICENSE			PLACE OF EXAMINATION / CONFERMENT		MENT	NUMBER	Date of Validity
VETERINARY MEDICINE LICENSURE EXAMINATION			75.0	CONFERMENT August 12-14, 2019	Cabu University			<del> </del>	Sept. 4
			ALCO THE LOCAL	August 12-14, 2013	Cebu University			0010181	2022
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	EXPERIENCE vate employment	Start from your recent	work) Description	n of duties should be	indicated in the attached	l Work Exper	Contract Con		
. INCLUSIVE DATES (mm/dd/yyyy) POSITION TITE (Write in full/Do not ab		TLE DEPARTMENT / AGE (Write in full)		ENCY / OFFICE / COMPANY MONTH Do not abbreviate) SALAF		SALARY/ JOB/ PAY GRADE (if applicable)& STEP (Format *00-0*)/	STATUS OF APPOINTMENT	GOV'T SERVIC (Y/N)	
From 2/2020	To to present	Administrative As	ssistant III	Visayas S	18,784.00	INCREMENT 9-1	Casual	Yes	
/11/2019	12/31/2019	Science Research	Assistant	Visayas S	603.71/day	3-1	Contractual	Yes	
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VI. VOLUNTARY WORK OR INVOLVEMENT IN CIVIC / NON-GOVERNMENT	/PEOPLE/VO	DLUNTARY O	RGANIZATION	/\$	
29. NAME & ADDRESS OF ORGANIZATION (Write in full)	INCLUSIVE DATES (mm/dd/yyyy)  From To		NUMBER OF HOURS	, POSITION / NATURE OF WORK	
None	None	None	None		None
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VII. LEARNING AND DEVELOPMENT (L&D) INTERVENTIONS/TRAINING F (Start from the most recent L&D/training program and include only the relevant L&D/training taken for			f/Executive/Manageri	al positions)	
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/	CONDUCTED/ SPONSORED BY (Write in full)
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Semnar Workshop on Records Matrix and NAP Form-1 Completion  Awarenes Seminar on RA No. 11032 (Ease of Doing Business and Efficient Government	12/13/2019	12/13/2019	8.0	Technical	Visayas State University
Service Deliver Act of 2018)	11/27/2019	11/27/2019	4.0	Technical	Visayas State University
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VIII. OTHER INFORMATION	ontinue on separate	sheet if necessary	)		
	ON-ACADEMIC DISTIN		INITION	1 16 EV 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	33. MEMBERSHIP IN ASSOCIATION/ORGANIZATION
		e in full)			(write in full)
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34. Are you related by consanguinity or affinity to the appoint						
chief of bureau or office or to the person who has imme	diate supervision over you in the Office,	* /				
Bureau or Department where you will be apppointed, a. within the third degree?						
	One Fredrick No.	YES NO				
b. within the fourth degree (for Local Government Unit -	Career Employees)?	YES NO				
		If YES, give details:				
35. a. Have you ever been found guilty of any administrative	e offense?	YES NO				
	91 P	If YES, give details:				
b. Have you been criminally charged before any court?		YES V NO				
b. Have you been omininally onaliged before any court:		If YES, give details:				
		Date Filed:				
	and the second s	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?	or any law, doorso, oranianso or regulation by	☐ YES ☑ NO If YES, give details:				
Removement and the second	1.45.463					
37. Have you ever been separated from the service in any of	이 아니다 그 아이를 가는 것 같아. 아른 아이는 아이는 아이는 아이를 하는 것 같아. 아이는 생각이 없는 것 같아.	YES V NO				
dropped from the rolls, dismissal, termination, end of te	rm, finished contract or phased out (abolition)	If YES, give details:				
in the public or private sector?						
	a. Have you ever been a candidate in a national or local election held within the last year (except Barangay election)?					
Barangay election)?						
b. Have you resigned from the government service duri	ng the three (3)-month period before the last	YES NO				
	to promote/actively campaign for a national or local candidate?					
39. Have you acquired the status of an immigrant or perma	nent resident of another country?	If YES, give details:				
39. Trave you acquired the status of all illining and or perma	Hort resident of another country:	YES NO				
		If YES, give details (country):				
40. Pursuant to: (a) Indigenous People's Act (RA 8371); (b)	이 보고 있는 ^ 가지 않는 것이 하를 보고 있습니다. 그는 그리고 있는 것은 것이 되었는데 그리고 있는데 그리고 있는데 그리고 있는데 그리고 있는데 그리고 있다.					
and (c) Solo Parents Welfare Act of 2000 (RA 8972), pl	ease answer the following items:					
a. Are you a member of any indigenous group?		YES V NO				
h Annuary a manage with disability C		If YES, please specify:				
b. Are you a person with disability?		YES VO				
c. Are you a solo parent?						
7 to you a colo parotit?		YES VO				
and the state of t						
41. REFERENCES (Person not related by consanguinity or affinity to ap	plicant /appointee)					
NAME	ADDRESS	TEL. NO.				
Dr. EUGENE B. LAÑADA	Visayas State University	09176341472				
	100,00 0000 00000					
MA. DELIA A. PAGENTE	Brgy. Guadalupe, Baybay City	09174729957				
Dr. LIZA MAE A. RAPISURA	Davao City	9055959649				
42. I declare under oath that I have personally accomp						
complete statement pursuant to the provisions of						
Philippines. I authorize the agency head/authorized re	에진 보이 100mm 대한 사이의 아이를 보고 있는데 보고 있다면 있다면 되었다면 하는데 보고 있다면 하는데 보고 있다면 보고 있다면 보고 있다면 보고 있다면 보다 있다.					
agree that any misrepresentation made in this	document and its attachments shall cause	e the filing of PHOTO				
administrative/criminal case/s against me.						
Government Issued ID (i.e. Passport, GSIS, SSS, PRC, Driver's License, etc.)  PLEASE INDICATE ID Number and Date of Issuance		100000000000000000000000000000000000000				
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Date/Place of Issuance: September 4, 2019/Ormoc City	January 31, 2020					
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SUBSCRIBED AND SWORN to before me this	, affiant exhib	iting his/her validly issued government ID as indicated above.				
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	ATTY. RYGAY C. GUINDCOR					
	ATTY. RYOM O. CONTO	Commence of the second				
	Person Administering Oa	th				