

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 () 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	CABARDO		
FIRST NAME	DELFIN	JR	
MIDDLE NAME	ESCUADRA		
3. DATE OF BIRTH (mm/dd/yyyy)	AUGUST 28, 1990	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	BAYBAY CITY, LEYTE	If holder of dual citizenship, please indicate the details.	
5. SEX	<input checked="" type="checkbox"/> Male <input 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	House/Block/Lot No. Street 693 A BRGY SANTO ROSARIO Subdivision/Village Barangay Baybay City Leyte City/Municipality Province
7. HEIGHT (m)	1.64 m	ZIP CODE	
8. WEIGHT (kg)	79 KG		
9. BLOOD TYPE	A+		
10. GSIS ID NO.	2005554025		
11. PAG-IBIG ID NO.	1211-8475-1133	18. PERMANENT ADDRESS	House/Block/Lot No. Street 693 A BRGY SANTO ROSARIO Subdivision/Village Barangay BAYBAY LEYTE City/Municipality Province
12. PHILHEALTH NO.	132020536059	ZIP CODE	6521
13. SSS NO.	34-6293398-7	19. TELEPHONE NO.	(053) 335-3904
14. TIN NO.	332-274-486	20. MOBILE NO.	09178781069/ 09362381539
15. AGENCY EMPLOYEE NO.	V01118	21. E-MAIL ADDRESS (if any)	delfincabardo@gmail.com/delfincabardo@yahoo.com/delfin.cabardo@vsu.edu.ph

II. FAMILY BACKGROUND

22. SPOUSE'S SURNAME	N/A		N/A	DATE OF BIRTH (mm/dd/yyyy)
FIRST NAME	N/A	NAME EXTENSION (JR., SR)	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	CABARDO			
FIRST NAME	DELFIN	SR		
MIDDLE NAME	CANI			
25. MOTHER'S MAIDEN NAME				
SURNAME	ESCUADRA			
FIRST NAME	MARCEDITA			
MIDDLE NAME	N/A		(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	BAYBAY II CENTRAL SCHOOL	BASIC EDUCATION	06/01/1997	03/30/2002	N/A	2002	N/A
SECONDARY	BAYBAY NATIONAL HIGHSCHOOL	GENERAL EDUCATION	06/01/2002	03/30/2006		2006	N/A
VOCATIONAL / TRADE COURSE	N/A	N/A	N/A	N/A		N/A/N/A	N/A
COLLEGE	VISAYAS STATE UNIVERSITY	DOCTOR OF VETERINARY MEDICINE	06/01/2006	06/03/2016		2016	N/A
GRADUATE STUDIES	N/A	N/A	N/A	N/A		N/A	N/A

(Continue on separate sheet if necessary)

SIGNATURE		DATE	January 29, 2020
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[illegible]

V. WORK EXPERIENCE
(Include private employment. Start from your recent work) Description of duties should be indicated in the attached Work Experience sheet.

[illegible]

SIGNATURE 	DATE January 20, 2020
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[illegible]

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)

[illegible]

VIII. OTHER INFORMATION

31.	SPECIAL SKILLS and HOBBIES	32.	NON-ACADEMIC DISTINCTIONS / RECOGNITION (Write in full)	33.	MEMBERSHIP IN ASSOCIATION/ORGANIZATION (Write in full)
	COMPUTER LITERATE		TOP 6 IN VETERINARY MEDICINE LICENSURE EXAM 2016		PHILIPPINE VETERINARY MEDICAL ASSOCIATION
	COOKING				SCRAMBLED LEGS
	DANCING				
	RUNNING/ MARATHON				

SIGNATURE		DATE	January 29, 2020
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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)?

☐ YES☒ NO

☐ YES☒ 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?

☐ YES☒ NO

☐ YES☒ NO

If YES, give details:

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?

☐ YES☒ 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?

☒ YES☐ NO

If YES, give details:

Resignation in private sector

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?

☐ YES☒ NO

☐ YES☒ NO

If YES, give details:

If YES, give details:

39. Have you acquired the status of an immigrant or permanent resident of another country?

☐ YES☒ 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?

☐ YES☒ NO

☐ YES☒ NO

☐ YES☒ NO

If YES, please specify:

If YES, please specify ID No:

If YES, please specify ID No:

41. REFERENCES (Person not related by consanguinity or affinity to applicant /appointee)

NAME	ADDRESS	TEL. NO.
EUGENE B. LAÑADA	Visca, Baybay City, Leyte	563-7170
ANA MARQUIZA M. QUILICOT	Bilar, Bohol	9171433449

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.

Delfin E. CABARDO JR.
PHOTO

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.:	8884
Date/Place of Issuance:	TACLOBAN CITY

Signature (Sign inside the box)

January 29, 2020

Date Accomplished

Right Thumbmark

SUBSCRIBED AND SWORN to before me this **FEB 13 2020**, affiant exhibiting his/her validly issued government ID as indicated above.

ATTY. RYSAN J. GUINOCOR

VS. LEGAL OFFICER

Person Administering Oath

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