

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	RABE		
FIRST NAME	SHIELA	NAME EXTENSION (JR., SR) N/A	
MIDDLE NAME	ROMERO		
3. DATE OF BIRTH (mm/dd/yyyy)	11/15/1986	16. CITIZENSHIP	<input checked="" type="checkbox"/> Filipino <input type="checkbox"/> Dual Citizenship
4. PLACE OF BIRTH	HILONGOS, LEYTE	If holder of dual citizenship, please indicate the details.	<input checked="" type="checkbox"/> by birth <input type="checkbox"/> by naturalization Pls. indicate country:
5. SEX	<input type="checkbox"/> Male <input checked="" type="checkbox"/> Female		Philippines
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	N/A
7. HEIGHT (m)	1.5		House/Block/Lot No. Street
8. WEIGHT (kg)	47	ZIP CODE	6521
9. BLOOD TYPE	A+	18. PERMANENT ADDRESS	N/A
10. GSIS ID NO.	021151596653		House/Block/Lot No. Street
11. PAG-IBIG ID NO.	914266030838		N/A BUNG-AW
12. PHILHEALTH NO.	13-000-111609-7	ZIP CODE	6524
13. SSS NO.	06-3536178-7	19. TELEPHONE NO.	N/A
14. TIN NO.	441-930-064	20. MOBILE NO.	09052386823/09558632249
15. AGENCY EMPLOYEE NO.	V000858	21. E-MAIL ADDRESS (if any)	snr.rabe@vsu.edu.ph

II. FAMILY BACKGROUND


22. SPOUSE'S SURNAME	RABE		23. NAME of CHILDREN (Write full name and list all)	DATE OF BIRTH (mm/dd/yyyy)
FIRST NAME	JOEVEMAR	NAME EXTENSION (JR., SR) N/A	JOELIANE ALIESHA R. RABE	08/03/2015
MIDDLE NAME	PAYAG		JON ANTHONY R. RABE	09/25/2019
OCCUPATION	PHILIPPINE NAVY-MARINE			
EMPLOYER/BUSINESS NAME	PHILIPPINE NAVY-MARINE			
BUSINESS ADDRESS	FORT BONIFACIO TAGUIG			
TELEPHONE NO.	N/A			
24. FATHER'S SURNAME	ROMERO			
FIRST NAME	RAMON	NAME EXTENSION (JR., SR) N/A		
MIDDLE NAME	MEJIA			
25. MOTHER'S MAIDEN NAME				
SURNAME	NAVARROZA			
FIRST NAME	ELESIA			
MIDDLE NAME	DELLERA			

(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	BUNG-AW ELEMENTARY SCHOOL	Elementary Certificate	1993	2000	Graduated	2000	3RD HONOR
SECONDARY	BUNG-AW NATIONAL HIGH SCHOOL	High School Diploma	2000	2004	Graduated	2004	VALEDICTORIAN
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	2002	2008	Graduated	2003	N/A
GRADUATE STUDIES	UNIVERSITY OF THE PHILIPPINES LOS BAÑOS	MASTER OF SCIENCE IN VETERINARY MEDICINE MAJOR IN PHYSIOLOGY	2015	2017	27 UNITS	ONGOING	CHED K-12 TRANSITION SCHOLARSHIP

(Continue on separate sheet if necessary)

SIGNATURE		DATE	December 14, 2022
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IV. CIVIL SERVICE ELIGIBILITY

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 EXAMINATION / CONFERMENT	LICENSE (if applicable)	
					NUMBER	Date of Validity
	Philippine Veterinary Medicine Licensure Examination (PRC)	78.9	Sept. 2-4,2013	MLQU	0008121	11/15/2023

(Continue on separate sheet if necessary)

V. WORK EXPERIENCE

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

[illegible]

(Continue on separate sheet if necessary)

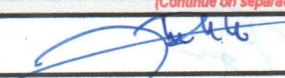
SIGNATURE		DATE	December 14, 2022
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VI. VOLUNTARY WORK OR INVOLVEMENT IN CIVIC / NON-GOVERNMENT / PEOPLE / VOLUNTARY ORGANIZATION/S				
29.	NAME & ADDRESS OF ORGANIZATION (Write in full)	INCLUSIVE DATES (mm/dd/yyyy)		NUMBER OF HOURS
		From	To	
	VENERABLE LADY VETERINARIANS SORORITY	07/09/2008	PRESENT	SECRETARY

(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)					
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)
		From	To		
	Full workflow training on ASFV, ASIV and AIV detection	04/08/2022	05/08/2022	2.0	Technical
	Animal Models in Biomedical Research: A PALAS Vitual Training	07/ 2,9,16,23/22	07/2,9,16,23/22	2.0	Scientific
	Biological Research and Services Laboratory Webinar Series: Covid 19-of mice and men	23/11/2021	23/11/2021	1.0	Technical
	PL480-CVM Webinar Series	28/01/2021	28/01/2021	2.0	Technical
	Animal Welfare Act of 1998 RA 8485 as amended by RA 10631 and DA Administrative Orders and Circulars	13/01/2021	13/01/2021	4.0	Technical
	INTERNATIONAL SYMPOSIUM FOR INFECTIOUS DISEASES	21/12/2020	22/12/2020	8.0	Technical
	SAFE SPACES ACT SEMINAR	10/12/2020	10/12/2020	2.0	Technical
	PINOY PORK CHALLENGE ROADSHOW	10/21,2020	23/10/2020	24.0	Technical
	ETHICAL USE OF LABORATORY ANIMALS (EULA)TRAINING	07/09/2019	07/10/2019	16.0	TECHNICAL
	31st PHILIPPINE ASSOCIATION FOR LABORATORY ANIMAL SCIENCE (PALAS) CONFERENCE	05/24/2018	05/25/2018	16.0	TECHNICAL
	LABORATORY ANIMAL WORKSHOP	04/27/2018	04/27/2018	8.0	TECHNICAL
	SEMINAR ON GUIDELINES FOR GIVING OF CONTINUING PROFESSIONAL DEVELOPMENT (CPD) POINTS TO VETERINARIANS	11/29/2017	11/29/2017	2.0	TECHNICAL
	84TH NATIONAL PHILIPPINE VETERINARY MEDICAL ASSOCIATION CONVENTION	02/21/2017	02/24/2017	24.0	TECHNICAL

(Continue on separate sheet if necessary)

VIII. OTHER INFORMATION		
31.	32.	33.
SPECIAL SKILLS and HOBBIES	NON-ACADEMIC DISTINCTIONS / RECOGNITION (Write in full)	MEMBERSHIP IN ASSOCIATION/ORGANIZATION (Write in full)
COOKING	N/A	Philippine Veterinary Medicine Association
(Continue on separate sheet if necessary)		
SIGNATURE		DATE
		December 14, 2022

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

If YES, give details:

☐ YES☒ 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?

☐ 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:

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

If YES, give details:

☐ YES☒ NO

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

If YES, please specify:

☐ YES☒ NO

If YES, please specify ID No:

☐ YES☒ NO

If YES, please specify ID No:

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

NAME	ADDRESS	TEL. NO.
ANA MARQUIZA M. QUILICOT	BILAR, BOHOL	563-7071
TOMAS J. FERNANDEZ, JR.	ORMOC CITY	09369561924
LOTIS M. BALALA	VSU Campus	09331198396

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.

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

ID/License/Passport No.: 0008121

Date/Place of Issuance: PRC TACLOBAN 10/02/2013

Signature (Sign inside the box)

Date Accomplished

Right Thumbmark

SUBSCRIBED AND SWORN to before me this 26 JAN 2023, affiant exhibiting his/her validly issued government ID as indicated above.

ATTY. RYSAN C. GUINOCOR
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 for.

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 starting with the most recent/present employment


Sample: If applying to Supervising Administrative Office

- Duration: January 16, 2013- June 30, 2014
- Position: Science Research Analyst
- Name of Office/Unit: PCAARRD-VSU Funded Research Project
- Immediate Supervisor: Dr. Tomas J. Fernandez, Jr
- Name of Agency/Organization and Location: College of Veterinary Medicine-Visayas State University

- List of Accomplishments and Contributions (if any)

Help developed an herbal drug for goats.

- Summary of Actual Duties
 - Responsible for performing MCM herbal drug purification (chlorophyll removal, centrifugation, filtration), capsulation, packaging; purchase and orders supplies for the laboratory; conduct larval assay using the MCM mixture, conduct in vivo study using goats artificially infected with strongyle worms; makes reports (progress report drafts); look after other co-workers performances and all other activities assigned by the project leader.
- Duration: July 01, 2014- present
- Position: Instructor I
- Name of Office/Unit: CVM-VSU
- Immediate Supervisor: Dr. Santiago T. Peña, Jr.
- Name of Agency/Organization and Location: College of Veterinary Medicine-Visayas State University, Visca Baybay City Leyte 6521-A
- List of Accomplishments and Contributions (if any)
- Summary of Actual Duties
 - Responsible for making course syllabus for all the subjects assigned to teach, PowerPoint presentations for lesson topics of all subjects assigned to teach, laboratory manuals of all laboratory subjects assigned to teach, makes instructional materials and other documents related to teaching, attend virtual classes and conduct quizzes and examinations, advise students regarding their thesis and academic tracts, and other responsibilities given by the immediate boss.


SHIELA R. RABE
(Signature over Printed Name
of Employee/Applicant)

Date: Dec. 14, 2027