

CS Form No. 212  
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.

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	OLANA		
FIRST NAME	KENNY ORIEL	NAME EXTENSION (JR., SR) N/A	
MIDDLE NAME	ARANAS		
3. DATE OF BIRTH (mm/dd/yyyy)	JULY 16, 1991	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	POBLACION, IMPASUGONG, BUKIDNON	If holder of dual citizenship, please indicate the details.	
5. SEX	<input checked="" type="checkbox"/> Male <input type="checkbox"/> Female		
6. CIVIL STATUS	<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Separated <input type="checkbox"/> Other/s:	17. RESIDENTIAL ADDRESS	N/A House/Block/Lot No. Street Subdivision/Village Barangay Baybay City Leyte City/Municipality Province
7. HEIGHT (m)	1.65	18. PERMANENT ADDRESS	Zone 2 Clana Street House/Block/Lot No. Street Subdivision/Village Barangay Impasugong Bukidnon City/Municipality Province
8. WEIGHT (kg)	65		ZIP CODE 6521
9. BLOOD TYPE	O		ZIP CODE 8702
10. GSIS ID NO.	N/A		
11. PAG-IBIG ID NO.	N/A	19. TELEPHONE NO.	N/A
12. PHILHEALTH NO.	08-026496631-4	20. MOBILE NO.	+639214611631
13. SSS NO.	N/A	21. E-MAIL ADDRESS (if any)	kenny.olana@vsu.edu.ph
14. TIN NO.	491-762-056		
15. AGENCY EMPLOYEE NO.	V01156		

II. FAMILY BACKGROUND

22. SPOUSE'S SURNAME	N/A		23. NAME of CHILDREN (Write full name and list all)	DATE OF BIRTH (mm/dd/yyyy)
FIRST NAME	N/A	NAME EXTENSION (JR., SR)	N/A	N/A
MIDDLE NAME	N/A		N/A	N/A
OCCUPATION	N/A		N/A	N/A
EMPLOYER/BUSINESS NAME	N/A		N/A	N/A
BUSINESS ADDRESS	N/A		N/A	N/A
TELEPHONE NO.	N/A		N/A	N/A
24. FATHER'S SURNAME	OLANA		N/A	N/A
FIRST NAME	REYNALDO	SR	N/A	N/A
MIDDLE NAME	DELA CRUZ		N/A	N/A
25. MOTHER'S MAIDEN NAME			N/A	N/A
SURNAME	ARANAS		N/A	N/A
FIRST NAME	MARINA		N/A	N/A
MIDDLE NAME	TAÑEDO		(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	IMPASUGONG CENTRAL ELEMENTARY SCHOOL	BASIC EDUCATION	06/01/1999	03/30/2004	N/A's Graduated	2004	
SECONDARY	IMPASUGONG NATIONAL HIGH SCHOOL	GENERAL EDUCATION	06/01/2004	03/30/2008	N/A's Graduated	2008	3RD Honorable
VOCATIONAL / TRADE COURSE							
COLLEGE	VISAYAS STATE UNIVERSITY	DOCTOR OF VETERINARY MEDICINE	06/02/2012	04/16/2016	N/A's Graduated	2016	
GRADUATE STUDIES	UNIVERSITY OF THE PHILIPPINES LOS BAÑOS	MASTER IN VETERINARY EPIDEMIOLOGY	08/02/2017	06/22/2019	N/A's Graduated	2019	CHECKED, DAAD-SEAPCA
(Continue on separate sheet if necessary)							
SIGNATURE		DATE		July 16, 2020			

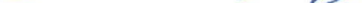
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IV. CIVIL SERVICE ELIGIBILITY						
27.	CAREER SERVICE/ RA 1080 (BOARD/ BAR) UNDER SPECIAL LAWS/ CES/ CSEE BARANGAY ELIGIBILITY / DRIVER'S LICENSE	RATING (If Applicable)	DATE OF EXAMINATION / CONFERMENT	PLACE OF EXAMINATION / CONFERMENT	LICENSE (if applicable)	
					NUMBER	Date of Validity
	CSE-PPT	84.8	MAY 27, 2016	TACLOBAN CITY, LEYTE	312564	2016-2018
	PRC	82.0	01/08/2016	CAGAYAN DE ORO CITY, MISAMIS ORIENTAL	8929	2019-2022

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

[illegible]

<b>SIGNATURE</b>		<b>DATE</b>	July 16, 2020
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[illegible]

(Continue on separate sheet if necessary)

[illegible]

(Continue on separate sheet if necessary)

### VIII. OTHER INFORMATION

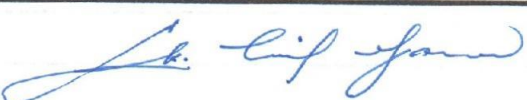
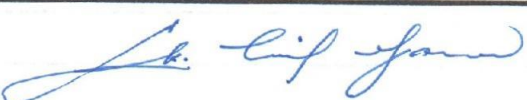


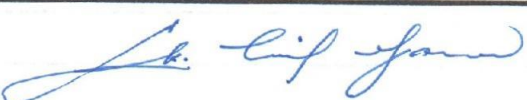
31.	SPECIAL SKILLS and HOBBIES	32.	NON-ACADEMIC DISTINCTIONS / RECOGNITION (Write in full)	33.	MEMBERSHIP IN ASSOCIATION/ORGANIZATION (Write in full)
	N/A		N/A		Philippine Medical Veterinary Association
					Philippine Network of Microbial Collection
					Philippine Society of Lactic Acid Bacteria
					VSU Alumni Association
					UPLB Alumni Association
					Toastmaster International
					SEARCA Alumni Association

(Continue on separate sheet if necessary)

SIGNATURE		DATE	July 16, 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)?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If YES, give details: N/A												
35. a. Have you ever been found guilty of any administrative offense?  b. Have you been criminally charged before any court?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If YES, give details: N/A  <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If YES, give details: Date Filed: N/A Status of Case/s: N/A												
36. Have you ever been convicted of any crime or violation of any law, decree, ordinance or regulation by any court or tribunal?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If YES, give details: N/A												
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?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If YES, give details: N/A												
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?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If YES, give details: N/A  <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If YES, give details: N/A												
39. Have you acquired the status of an immigrant or permanent resident of another country?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If YES, give details (country): N/A												
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?	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO If YES, please specify: Higaonon  <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If YES, please specify ID No: N/A  <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If YES, please specify ID No: N/A												
41. REFERENCES (Person not related by consanguinity or affinity to applicant /appointee)													
<table><tr><th>NAME</th><th>ADDRESS</th><th>TEL. NO.</th></tr><tr><td>EUGENE B. LAÑADA</td><td>Visca, Baybay City, Leyte</td><td>N/A</td></tr><tr><td>ANA MARQUIZA M. QUILICOT</td><td>Bilar, Bohol</td><td>N/A</td></tr><tr><td>BETSIE KRUEGER</td><td>Los Baños, Laguna</td><td>N/A</td></tr></table>	NAME	ADDRESS	TEL. NO.	EUGENE B. LAÑADA	Visca, Baybay City, Leyte	N/A	ANA MARQUIZA M. QUILICOT	Bilar, Bohol	N/A	BETSIE KRUEGER	Los Baños, Laguna	N/A	
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ANA MARQUIZA M. QUILICOT	Bilar, Bohol	N/A											
BETSIE KRUEGER	Los Baños, Laguna	N/A											
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.													
<table><tr><td>Government Issued ID (i.e. Passport, GSIS, SSS, PRC, Driver's License, etc.) PLEASE INDICATE ID Number and Date of Issuance</td><td rowspan="4"> Signature (Sign inside the box) July 16, 2020 Date Accomplished</td></tr><tr><td>Government Issued ID: PRC</td></tr><tr><td>ID/License/Passport No.: 8929</td></tr><tr><td>Date/Place of Issuance: Cagayan De Oro City</td></tr></table>	Government Issued ID (i.e. Passport, GSIS, SSS, PRC, Driver's License, etc.) PLEASE INDICATE ID Number and Date of Issuance	 Signature (Sign inside the box) July 16, 2020 Date Accomplished	Government Issued ID: PRC	ID/License/Passport No.: 8929	Date/Place of Issuance: Cagayan De Oro City	 PHOTO   Right Thumbmark							
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Date/Place of Issuance: Cagayan De Oro City													
SUBSCRIBED AND SWORN to before me this _____, affiant exhibiting his/her validly issued government ID as indicated above.													
<table><tr><td>ATTY. RYSAN C. GUINOCOR VSU LEGAL OFFICER Person Administering Oath</td></tr></table>		ATTY. RYSAN C. GUINOCOR VSU 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

- Duration: August 02, 2019 – Present
- Position: Instructor I
- Name of Office/Unit: College of Veterinary Medicine
- Immediate Supervisor: Eugene B. Lañada
- Name of Agency/Organization and Location: Visayas State University

- Duration: September 04, 2016 – May 30, 2017
- Position: Part-time Instructor
- Name of Office/Unit: College of Veterinary Medicine
- Immediate Supervisor: Eugene B. Lañada
- Name of Agency/Organization and Location: Visayas State University

- List of Accomplishments and Contributions (if any)

- Summary of Actual Duties

- Responsible for performing teaching students, giving of examinations and computation of grades
- Administrative works as college secretary



KENNY ORIEL A. OLANA

(Signature over Printed Name  
of Employee/Applicant)

Date: July 15, 2020