

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	CUEVA		
FIRST NAME	SHEBELLE	NAME EXTENSION (JR., SR) N/A	
MIDDLE NAME	ALCARIA		
3. DATE OF BIRTH (mm/dd/yyyy)	01/10/1997	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	CEBU CITY	If holder of dual citizenship, please indicate the details.	
5. SEX	<input type="checkbox"/> Male <input checked="" 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	N/A House/Block/Lot No. Street N/A GABAS Subdivision/Village Barangay BAYBAY LEYTE City/Municipality Province
7. HEIGHT (m)	148 cm	ZIP CODE	6521
8. WEIGHT (kg)	46 kg	18. PERMANENT ADDRESS	N/A House/Block/Lot No. Street N/A KALUNASAN Subdivision/Village Barangay CEBU CEBU City/Municipality Province
9. BLOOD TYPE	TYPE A+	ZIP CODE	6000
10. GSIS ID NO.	2005818172	19. TELEPHONE NO.	N/A
11. PAG-IBIG ID NO.	1212-5869-2292	20. MOBILE NO.	09974179589
12. PHILHEALTH NO.	1225-0978-6982	21. E-MAIL ADDRESS (if any)	shebellecueva@gmail.com
13. SSS NO.	06-4356517-7		
14. TIN NO.	770-955-390-000		
15. AGENCY EMPLOYEE NO.	V01205		

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	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	CUEVA			
FIRST NAME	MANUEL	NAME EXTENSION (JR., SR) N/A		
MIDDLE NAME	LANTICSE			
25. MOTHER'S MAIDEN NAME				
SURNAME	ALCARIA			
FIRST NAME	MARITA			
MIDDLE NAME	ALBARAN		(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	GUADALUPE ELEMENTARY SCHOOL	PRIMARY EDUCATION	06/01/2003	03/01/2009	N/A	2009	9TH HONOR
SECONDARY	ABELLANA NATIONAL SCHOOL	SECONDARY EDUCATION	06/01/2009	03/01/2013	N/A	2013	6TH HONOR
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	06/02/2013	6/14/2019	N/A	2019	PILMICO SCHOLAR
GRADUATE STUDIES	N/A	N/A	N/A	N/A	N/A	N/A	N/A

(Continue on separate sheet if necessary)

SIGNATURE	DATE	July 20, 2023
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IV. CIVIL SERVICE ELIGIBILITY

[illegible]

(Continue on separate sheet if necessary)

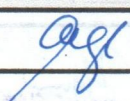
V. WORK EXPERIENCE

(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	20/07/2023
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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	POSITION / NATURE OF WORK	
		From	To			
	PVMA CENTRAL VISAYAS CHAPTER	10.9.2019	PRESENT	N/A	AUDITOR	
	PVMA NATIONAL	10.9.2019	PRESENT	N/A	MEMBER	
	DOG OWNERS CLUB	03.20.2023	PRESENT	N/A	ORG ADVISER	
(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)	CONDUCTED/ SPONSORED BY (Write in full)
		From	To			
	Erasmus + Staff Mobility Training Program at the University of Zagreb, Croatia	06/06/2023	6/14/2023	40.0	TECHNICAL	Erasmus +
	1ST Eastern Visayas Companion Animal Conference	10/24/2022	10/24/2022	8.0	TECHNICAL	VAXILIFE
	27TH Philippine Animal Hospital Association	09/27/2022	09/29/ 2022	24.0	TECHNICAL	Philippine Animal Hospital
	Ultrasound and Basic Echocardiographic Parameters Webinar	6/24/2022	6/24/2022	2.0	TECHNICAL	Veterinary Practitioners Association of the Philippines
	Animal Welfare Act of 1998 RA 8485 Seminar	6/22/2022	6/22/2022	8.0	TECHNICAL	Bureau of Animal Industry
	Plantation Herbicide Resistance Management Webinar	06/09/2022	06/09/2022	2.0	TECHNICAL	CROPLIFE PHILIPPINES
	3rd Indonesia Animal Hospital and Clinic Expo (INAHEX) 2021	11/06/2021	11/09/2021	36.0	TECHNICAL	Indonesia Animal Hospital and Clinic Expo
	Zoetis Zummit : Regional Scientific Forum	05/04/2021	05/07/2021	6.0	TECHNICAL	ZOETIS
	2021 NRCP ANNUAL SCIENTIFIC CONFERENCE AND 88TH GENERAL MEMBERSHIP ASSEMBLY	03/10/2021	03/10/2021	4.0	TECHNICAL	NRCP
	SCIENCE DIRECT ARTICLES AND JOURNALS WEBINAR	1/29/2021	1/29/2021	4.0	TECHNICAL	DOST PCIEERD
	PVMA-CV 20TH REGIONAL CONVENTION	08/10/2019	09/10/2019	4.0	TECHNICAL	PVMA-CENTRAL VISAYAS CHAPTER
(Continue on separate sheet if necessary)						
VIII. OTHER INFORMATION						
31.	SPECIAL SKILLS and HOBBIES	NON-ACADEMIC DISTINCTIONS / RECOGNITION (Write in full)		33. MEMBERSHIP IN ASSOCIATION/ORGANIZATION		
	SMALL ANIMAL ELECTIVE SURGERIES	VETERINARY TEACHING HOSPITAL DIRECTOR		PVMA-CENTRAL VISAYAS CHAPTER		
	SMALL ANIMAL DISEASE DIAGNOSIS			PVMA NATIONAL		
	VETERINARY CLINICAL SKILLS					
	RESEARCH AND EXTENSION INVOLVEMENT					
	SEWING					
	PAINTING					
	DECORATING					
(Continue on separate sheet if necessary)						
SIGNATURE				DATE	20/07/2023	

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: _____
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: _____ <input type="checkbox"/> YES <input checked="" type="checkbox"/> 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?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> 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?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> 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?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If YES, give details: _____ <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If YES, give details: _____
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): _____
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 type="checkbox"/> YES <input checked="" type="checkbox"/> NO If YES, please specify: _____ <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If YES, please specify ID No: _____ <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If YES, please specify ID No: _____

41. REFERENCES (Person not related by consanguinity or affinity to applicant /appointee)		
NAME	ADDRESS	TEL. NO.
JAN WARREN JEVE	STA ROSA , LAGUNA	9555823737
JOHN ANTHONY CAHIG	LAHUG, CEBU CITY	9055294028
HARVE P. PORTUGALIZA	BAYBAY CITY, LEYTE	hportugaliza@vsu.edu.ph

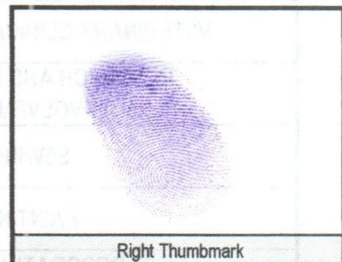
42. I declare under oath that I have personally accomplished this Personal Data Sheet which is a true, correct and complete statement pursuant to the provisions of pertinent laws, rules and regulations of the Republic of the Philippines. I authorize the agency head/authorized representative to verify/validate 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.



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 LICENSED ID
ID/License/Passport No.:	0010406
Date/Place of Issuance:	9/10/2019 (CEBU CITY)

Signature (Sign inside the box)
JULY 20, 2023
Date Accomplished



Right Thumbmark

SUBSCRIBED AND SWORN to before me this <u>18 SEP 2023</u> , affiant exhibiting his/her validly issued government ID as indicated above.	
Person Administering Oath:	

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: September 21, 2020- present
- Position: Instructor 1
- Name of Office/Unit: Department of Veterinary Clinical Sciences
- Immediate Supervisor: Dr.Santiago T. Peña, Jr.
- Name of Agency/Organization and Location: College of Veterinary Medicine, Visayas State University, Visca, Baybay City, Leyte
- List of Accomplishments and Contributions (if any)
- Summary of Actual Duties
 - The work includes teaching a number of students based on the assigned subjects, including the preparation of IEC materials to be used during the lectures, formation of examination sheets and laboratory activities, correcting papers during exams, computation of grades, etc.
 - Supervises advisees conducting their undergraduate thesis in the fields of epidemiology, parasitology, bacteriology and mycology
 - Member in different committees within the College
 - Involved in the research projects and extension duties of the College of Veterinary Medicine, and submission of its annual reports.
 - Appointed as the Internship Coordinator, thus facilitates student interns in their in-house and off-campus clinical trainings.
 - Appointed as the Hospital Director of the CVM-VSU Veterinary Teaching Hospital, thus leads in the hospital management system.

- Duration: September 18, 2019-Sept 18, 2020
- Position: Associate Veterinarian
- Name of Office/Unit:Medical Department
- Immediate Supervisor:Dr. Guillermo P. Zialcita
- Name of Agency/Organization and Location: A-Z Animal Wellness Veterinary Hospital and Clinics , Banilad Cebu City
- List of Accomplishments and Contributions (if any)
- Summary of Actual Duties
 - Responsible for vaccinating, diagnosing, and treating animal health problems, specifically cats and dogs. Performs diagnostic tests such as CBC, Blood Chemistry, microscopy, xray and ultrasound. Assist in performing surgeries.


SHEBELIE A. CUEVA

(Signature over Printed Name
of Employee/Applicant)

Date: July 25, 2023