

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	CAGANDE		
FIRST NAME	LOREME	NAME EXTENSION (JR., SR) N/A	
MIDDLE NAME	SILMARO		
3. DATE OF BIRTH (mm/dd/yyyy)	12/23/1993	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	SAN ANTONIO, DUERO, BOHOL	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. N/A Street Subdivision/Village SAN ANTONIO Barangay DUERO BOHOL City/Municipality Province 6309 ZIP CODE
7. HEIGHT (m)	1.55	18. PERMANENT ADDRESS	N/A House/Block/Lot No. N/A Street Subdivision/Village SAN ANTONIO Barangay DUERO BOHOL City/Municipality Province 6309 ZIP CODE
8. WEIGHT (kg)	55	19. TELEPHONE NO.	N/A
9. BLOOD TYPE	A+	20. MOBILE NO.	09155820070/09073116425
10. GSIS ID NO.	2005471439	21. E-MAIL ADDRESS (if any)	loreme.cagande@vsu.edu.ph
11. PAG-IBIG ID NO.	121239712475		
12. PHILHEALTH NO.	13-0252266470		
13. SSS NO.	34-8882160-4		
14. TIN NO.	465-059-876-000		
15. AGENCY EMPLOYEE NO.	V01105		

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		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	CAGANDE		N/A	N/A
FIRST NAME	MURILLO	NAME EXTENSION (JR., SR) N/A	N/A	N/A
MIDDLE NAME	SARAGENA		N/A	N/A
25. MOTHER'S MAIDEN NAME			N/A	N/A
SURNAME	SILMARO		N/A	N/A
FIRST NAME	LORITA		N/A	N/A
MIDDLE NAME	LLOREN		(Continue on separate sheet if necessary)	

III. EDUCATIONAL BACKGROUND










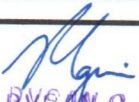
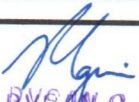
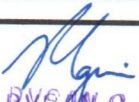
26. LEVEL	NAME OF SCHOOL (Write in full)	BASIC EDUCATION/DEGREE/COURSE (Write in full)	PERIOD OF ATTENDANCE		HIGHEST LEVEL/ UNITS EARNED (if not graduated)	YEAR GRADUATED	SCHOLARSHIP/ ACADEMIC HONORS RECEIVED
			From	To			
ELEMENTARY	DUERO CENTRAL ELEMENTARY SCHOOL	PRIMARY EDUCATION	2000	2006	GRADUATED	2006	WITH HONORS
SECONDARY	IMMACULATE ACADEMY	HIGH SCHOOL	2006	2010	GRADUATED	2010	ESC Grantee/ WITH HONORS
VOCATIONAL / TRADE COURSE	VISAYAS STATE UNIVERSITY	CERTIFICATE IN AGRICULTURAL SCIENCE	2010	2012	GRADUATED	2012	N/A
COLLEGE	VISAYAS STATE UNIVERSITY	B.S IN AGRICULTURE major in AGRONOMY	2010	2014	GRADUATED	2014	CA-FAP Grantee
GRADUATE STUDIES	VISAYAS STATE UNIVERSITY	M.S in AGRONOMY minor in HORTICULTURE	2016	2018	GRADUATED	2018	POST ASTHRDP-NSC

(Continue on separate sheet if necessary)

SIGNATURE	<i>L. Loreme Cagande</i>	DATE	OCTOBER 14, 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	
LICENSURE EXAMINATION FOR AGRICULTURIST		77	JUNE 2-4, 2015	TACLOBAN CITY, LEYTE	0023302	12/23/2022	
N/A		N/A	N/A	N/A	N/A	N/A	
N/A		N/A	N/A	N/A	N/A	N/A	
N/A		N/A	N/A	N/A	N/A	N/A	
N/A		N/A	N/A	N/A	N/A	N/A	
N/A		N/A	N/A	N/A	N/A	N/A	
N/A		N/A	N/A	N/A	N/A	N/A	
(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.							
28. INCLUSIVE DATES (mm/dd/yyyy)		POSITION TITLE (Write in full/Do not abbreviate)	DEPARTMENT / AGENCY / OFFICE / COMPANY (Write in full/Do not abbreviate)	MONTHLY SALARY	SALARY/JOB/PAY GRADE (if applicable)& STEP (Format "00-0"/y INCREMENT	STATUS OF APPOINTMENT	GOVT SERVICE (Y/ N)
08/03/2020	PRESENT	PART-TIME INSTRUCTOR	DEPARTMENT OF AGRONOMY, VISAYAS STATE UNIVERSITY	P 207.70/hr	N/A	TEMPORARY	Y
09/05/2018	07/31/2020	SUBSTITUTE INSTRUCTOR I	DEPARTMENT OF AGRONOMY, VISAYAS STATE UNIVERSITY	P 22,149.00	SG 12, STEP 1	TEMPORARY	Y
01/05/2015	06/30/2016	SCIENCE RESEARCH AIDE	DEPARTMENT OF AGRONOMY, VISAYAS STATE UNIVERSITY	P 6, 000.00	N/A	JOB ORDER	Y
N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
(Continue on separate sheet if necessary)							
SIGNATURE		L. L. Capande		DATE		OCTOBER 14, 2020	

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			
	N/A	N/A	N/A	N/A	N/A	
	N/A	N/A	N/A	N/A	N/A	
	N/A	N/A	N/A	N/A	N/A	
	N/A	N/A	N/A	N/A	N/A	
	N/A	N/A	N/A	N/A	N/A	
	N/A	N/A	N/A	N/A	N/A	
	N/A	N/A	N/A	N/A	N/A	
(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			
	SUC-ACAP INC. ANNUAL CONVENTION	05/23/2019	05/24/2019	16	TECHNICAL	VISAYAS STATE UNIVERSITY
	ASTHRDP GRADUATE SCHOLARS CONFERENCE	05/02/2019	05/03/2019	16	TECHNICAL	DEPARTMENT OF SCIENCE AND TECHNOLOGY
	RADIO PROGRAM "MGA HEREDERO SA KINAIYAHAN"	03/12/2019	03/12/2019	2	TECHNICAL	VSU, DYDC- FM
	AAACU 22nd Biennial Conference	10/15/2018	10/18/2018	32	TECHNICAL	VISAYAS STATE UNIVERSITY
	Quantum Agriculture	07/09/2018	07/09/2018	4	TECHNICAL	DEPARTMENT OF AGRONOMY
	Scientific Writing Seminar	04/28/2018	04/28/2018	4	TECHNICAL	COLLEGE OF AGRICULTURE AND FOOD SCIENCE
	Occupational Safety and Health in the Workplace	09/26/2017	09/30/2017	24	TECHNICAL	AGRICULTURAL TRAINING INSTITUTE- REGIONAL TRAINING CENTER 8
	1st Eastern Visayas Vegetable Congress	08/26/2016	08/27/2016	16	TECHNICAL	LOCAL GOVERNMENT UNIT- ORMOC CITY
	AGRICULTURAL CROP PRODUCTION - NC III	07/20/2015	07/24/2015	40	TECHNICAL	AGRICULTURAL TRAINING INSTITUTE- REGIONAL TRAINING CENTER 8
	Training of Good Agricultural Practices for Banana-Saba	07/08/2014	07/10/2014	24	TECHNICAL	AGRICULTURAL TRAINING INSTITUTE- REGIONAL TRAINING CENTER 8
	N/A	N/A	N/A	N/A	N/A	N/A
	N/A	N/A	N/A	N/A	N/A	N/A
	N/A	N/A	N/A	N/A	N/A	N/A
	N/A	N/A	N/A	N/A	N/A	N/A
	N/A	N/A	N/A	N/A	N/A	N/A
	N/A	N/A	N/A	N/A	N/A	N/A
	N/A	N/A	N/A	N/A	N/A	N/A
	N/A	N/A	N/A	N/A	N/A	N/A
	N/A	N/A	N/A	N/A	N/A	N/A
	N/A	N/A	N/A	N/A	N/A	N/A
	N/A	N/A	N/A	N/A	N/A	N/A
	N/A	N/A	N/A	N/A	N/A	N/A
(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)	
	Computer Literate (MS Word, Excel, PowerPoint)		N/A		N/A	
	Open-minded and has leadership skills		N/A		N/A	
	Willing to work overtime		N/A		N/A	
	Hardworking and willing to be trained for further improvement		N/A		N/A	
	Can work under pressure and with minimal supervision		N/A		N/A	
	N/A		N/A		N/A	
	N/A		N/A		N/A	
(Continue on separate sheet if necessary)						
SIGNATURE		L. L. Lagande		DATE	OCTOBER 14, 2020	

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 checked="" type="checkbox"/> YES <input type="checkbox"/> NO If YES, give details: <u>FINISHED CONTRACT</u>												
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)													
<table><thead><tr><th>NAME</th><th>ADDRESS</th><th>TEL. NO.</th></tr></thead><tbody><tr><td>Dr. Ulysses A. Cagasan</td><td>VSU ViSCa Baybay City, Leyte</td><td>+639452309477</td></tr><tr><td>Dr. Ruth O. Escasinas</td><td>VSU ViSCa Baybay City, Leyte</td><td>+639159626403</td></tr><tr><td>Dr. Berta C. Ratilla</td><td>VSU ViSCa Baybay City, Leyte</td><td>+639262597123</td></tr></tbody></table>		NAME	ADDRESS	TEL. NO.	Dr. Ulysses A. Cagasan	VSU ViSCa Baybay City, Leyte	+639452309477	Dr. Ruth O. Escasinas	VSU ViSCa Baybay City, Leyte	+639159626403	Dr. Berta C. Ratilla	VSU ViSCa Baybay City, Leyte	+639262597123
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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></tr><tr><td>Government Issued ID: PRC I.D</td></tr><tr><td>ID/License/Passport No.: 0023302</td></tr><tr><td>Date/Place of Issuance: 12/04/2015/TACLOBAN 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	Government Issued ID: PRC I.D	ID/License/Passport No.: 0023302	Date/Place of Issuance: 12/04/2015/TACLOBAN CITY	<table><tr><td></td></tr><tr><td>Signature (Sign inside the box)</td></tr><tr><td>OCTOBER 14, 2020</td></tr><tr><td>Date Accomplished</td></tr></table>		Signature (Sign inside the box)	OCTOBER 14, 2020	Date Accomplished				
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L. S. Cagande LOREME S. CAGANDE													
													
Right Thumbmark													
SUBSCRIBED AND SWORN to before me this <u>14 OCT 2020</u> , affiant exhibiting his/her validly issued government ID as indicated above.													
<table><tr><td></td></tr><tr><td>ATTY. RYSAN C. GUINODOC</td></tr><tr><td>LEGAL OFFICER</td></tr><tr><td>Person Administering Oath</td></tr></table>			ATTY. RYSAN C. GUINODOC	LEGAL OFFICER	Person Administering Oath								
													
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