

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	QUILARIO		
FIRST NAME	JOANNAH	NAME EXTENSION (JR., SR.) N/A	
MIDDLE NAME	OCBA		
3. DATE OF BIRTH (mm/dd/yyyy)	JUNE 24, 1998	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	MATALOM, LEYTE	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 PUROK SAN FRANCISCO House/Block/Lot No. _____ Street _____ N/A STA. FE Subdivision/Village _____ Barangay _____ MATALOM LEYTE City/Municipality _____ Province _____ 6526
7. HEIGHT (m)	1.59 m	ZIP CODE	
8. WEIGHT (kg)	56 kg		
9. BLOOD TYPE	TYPE A	18. PERMANENT ADDRESS	N/A PUROK SAN FRANCISCO House/Block/Lot No. _____ Street _____ N/A STA. FE Subdivision/Village _____ Barangay _____ MATALOM LEYTE City/Municipality _____ Province _____ 6526
10. GSIS ID NO.	N/A	ZIP CODE	
11. PAG-IBIG ID NO.	121330312057		
12. PHILHEALTH NO.	13-025568416-8		
13. SSS NO.	06-4688169-6	19. TELEPHONE NO.	N/A
14. TIN NO.	764-925-060	20. MOBILE NO.	09557761581
15. AGENCY EMPLOYEE NO.	N/A	21. E-MAIL ADDRESS (if any)	joannahquillarto@gmail.com, joannah.quillarto@vsu.edu.ph

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	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	QUILARIO		
FIRST NAME	ULDARICO	NAME EXTENSION (JR., SR.) N/A	
MIDDLE NAME	INUTAN		
25. MOTHER'S MAIDEN NAME			
SURNAME	OCBA		
FIRST NAME	NILA		
MIDDLE NAME	DAYANDAN		

(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	STA. FE-ITUM ELEMENTARY SCHOOL	N/A	06/06/2005	3/30/2011	N/A	2011	3rd Hon. Mention
SECONDARY	BATO SCHOOL OF FISHERIES	N/A	06/01/2011	3/27/2015	N/A	2015	N/A
VOCATIONAL / TRADE COURSE	N/A	N/A	N/A	N/A	N/A	N/A	N/A
COLLEGE	VISAYAS STATE UNIVERSITY	BACHELOR OF SCIENCE IN AGRICULTURE MAJOR IN AGRONOMY	06/08/2015	6/14/2019	N/A	2019	CUM LAUDE
GRADUATE STUDIES	VISAYAS STATE UNIVERSITY	MASTER OF SCIENCE IN AGRONOMY	09/05/2020	08/03/2023	N/A	2023	N/A

(Continue on separate sheet if necessary)

SIGNATURE		DATE	5/27/2020
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27	CARRIER SERVICE/ RA 1080 (BOARD/ BAR) UNDER SPECIAL LAWS/ CEIS/ CSEE BARIANGAY ELIGIBILITY / DRIVER'S LICENSE	RATING (If Applicable)	DATE OF EXAMINATION / CONFIRMENT	PLACE OF EXAMINATION / CONFIRMENT	LICENSE (if applicable)	
					NUMBER	Date of Validity
	PRESIDENTIAL DECREE NO. 907-HONOR GRADUATE ELIGIBILITY	N/A	07/31/2019	N/A	N/A	N/A
	LICENSED AGRICULTURIST	81.86	11/12-14/2024	TACLOBAN CITY	0947308	6/24/2028

V. WORK EXPERIENCE

[illegible]

(Continue on separate sheet if necessary)			
SIGNATURE	<i>Joanna P. Duff</i>	DATE	5/25/2025

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	
(Continue on separate sheet if necessary)						
VII. LEARNING AND DEVELOPMENT (L&D) INTERVENTIONS/ TRAINING PROGRAMS ATTENDED						
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			
	CSSP WEBINAR SERIES 1: THE NEXT GEN OF FARMING: HARNESSING SCIENCE AND NATURE FOR RESILIENT CROPS AND HEALTHIER WORLD	2/21/2025	2/21/2025	4 HOURS	TECHNICAL	CROP SCIENCE SOCIETY OF THE PHILIPPINES
	TECHTALK (Radio Program), TOPIC- UPLAND RICE FARMING	2/27/2024	2/27/2024	4 HOURS	RESOURCE PERSON	DYDC-FM, VISAYAS STATE UNIVERSITY
	FORUM ON METABOLIC ENGINEERING, CHRONOBIOLOGY, AND NANOTECH APPLICATION	03/21/2024	03/21/2024	4 HOURS	TECHNICAL	DEPARTMENT OF PEST MANAGEMENT- VISAYAS STATE UNIVERSITY
	TRAINING ON INNOVATION IN EXTENSION PHASE 2	04/03/2023	04/04/2023	48 HOURS	TECHNICAL	AGRICULTURAL TRAINING INSTITUTE- REGIONAL TRAINING CENTER 8
	GUEST OF HONOR AND SPEAKER	7/13/2023	7/13/2023	4 HOURS	RESOURCE PERSON	STA. FE-ITUM ELEMENTARY SCHOOL
	FERTILIZER AND FERTILIZER COMPUTATION	6/27/2023	6/27/2023	3 HOURS	RESOURCE PERSON/TECHNICAL	AGRICULTURAL TRAINING INSTITUTE- REGIONAL TRAINING CENTER 8
	THE RICE MORPHOLOGY AND GROWTH STAGES	5/15/2023	5/15/2023	2 HOURS	RESOURCE PERSON/TECHNICAL	AGRICULTURAL TRAINING INSTITUTE- REGIONAL TRAINING CENTER 9
	THE RICE MORPHOLOGY AND GROWTH STAGES	04/11/2023	04/11/2023	2 HOURS	RESOURCE PERSON/TECHNICAL	AGRICULTURAL TRAINING INSTITUTE- REGIONAL TRAINING CENTER 10
	THE RICE MORPHOLOGY AND GROWTH STAGES	03/06/2023	03/06/2023	2 HOURS	RESOURCE PERSON/TECHNICAL	AGRICULTURAL TRAINING INSTITUTE- REGIONAL TRAINING CENTER 11
	THE RICE MORPHOLOGY AND GROWTH STAGES	10/03/2022	10/03/2022	2 HOURS	RESOURCE PERSON/TECHNICAL	AGRICULTURAL TRAINING INSTITUTE- REGIONAL TRAINING CENTER 12
	THE RICE MORPHOLOGY AND GROWTH STAGES	8/22/2022	8/22/2022	2 HOURS	RESOURCE PERSON/TECHNICAL	AGRICULTURAL TRAINING INSTITUTE- REGIONAL TRAINING CENTER 13
	SEMINAR ON "SOIL MANAGEMENT FOR CASSAVA PRODUCTION" AND "CASSAVA CULTIVATION AND PROCESSING IN JEMBER, INDONESIA"	11/14/2022	11/14/2022	2 HOURS	TECHNICAL	COLLEGE OF AGRICULTURE AND FOOD SCIENCE
	THE RICE MORPHOLOGY AND ITS GROWTH STAGES; AgRIDOC App; e-Damuhan	03/03/2020	03/03/2020	3 HOURS	RESOURCE PERSON/TECHNICAL	AGRICULTURAL TRAINING INSTITUTE- REGIONAL TRAINING CENTER 14
	THE RICE MORPHOLOGY AND ITS GROWTH STAGES; AgRIDOC App; e-Damuhan	02/27/2020	02/27/2020	3 HOURS	RESOURCE PERSON/TECHNICAL	AGRICULTURAL TRAINING INSTITUTE- REGIONAL TRAINING CENTER 15
	THE RICE MORPHOLOGY AND ITS GROWTH STAGES; AgRIDOC App; e-Damuhan	02/06/2020	02/06/2020	3 HOURS	RESOURCE PERSON/TECHNICAL	AGRICULTURAL TRAINING INSTITUTE- REGIONAL TRAINING CENTER 16
	UNDERSTANDING RCEP AND ITS IMPLICATIONS TO RICE FARMERS	11/04/2019	11/04/2019	2 HOURS	RESOURCE PERSON/TECHNICAL	AGRICULTURAL TRAINING INSTITUTE- REGIONAL TRAINING CENTER 16
	SCIENTIFIC WRITING SEMINAR	4/28/2018	4/28/2018	2 HOURS	TECHNICAL	DEPARTMENT OF AGRONOMY-VISAYAS STATE UNIVERSITY
	ABE TALKS: POSTHARVEST OPERATIONS AND LOSSES ON MAJOR CROPS IN THE PHILIPPINES	10/29/2018	10/29/2018	2 HOURS	TECHNICAL	PHILIPPINE SOCIETY OF AGRICULTURAL AND BIOSYSTEMS ENGINEERS-VISAYAS STATE
	PROJECT IPaDS KNOWLEDGE SHARING AND LEARNING ON THE TOPIC "WHY AGRICULTURE?"	08/18/2016	08/18/2016	2 HOURS	TECHNICAL	PHILIPPINE RESEARCH INSTITUTE PROJECT IPaD
	TRADITIONAL AND ALTERNATIVE HEALTH CARE FOR ATING #JUANATJUANA	3/31/2023	3/31/2023	5 HOURS	TECHNICAL	AGRICULTURAL TRAINING INSTITUTE- REGIONAL TRAINING CENTER 16
(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		N/A		N/A	
	COMMUNICATION SKILLS					
	INTERPERSONAL SKILLS					
	WORK ETHIC					
	FLEXIBLE					
	COLLECTING ORNAMENTAL PLANTS					
(Continue on separate sheet if necessary)						
SIGNATURE		DATE		5/27/2025		

<p>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,</p> <p>a. within the third degree?</p> <p>b. within the fourth degree (for Local Government Unit - Career Employees)?</p>	<p><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>If YES, give details: _____</p>												
<p>35. a. Have you ever been found guilty of any administrative offense?</p> <p>b. Have you been criminally charged before any court?</p>	<p><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>If YES, give details: _____</p> <p><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>If YES, give details: _____</p> <p>Date Filed: _____</p> <p>Status of Case/s: _____</p>												
<p>36. Have you ever been convicted of any crime or violation of any law, decree, ordinance or regulation by any court or tribunal?</p>	<p><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>If YES, give details: _____</p>												
<p>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?</p>	<p><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>If YES, give details: _____</p>												
<p>38. a. Have you ever been a candidate in a national or local election held within the last year (except Barangay election)?</p> <p>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?</p>	<p><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>If YES, give details: _____</p> <p><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>If YES, give details: _____</p>												
<p>39. Have you acquired the status of an immigrant or permanent resident of another country?</p>	<p><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>If YES, give details (country): _____</p>												
<p>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:</p> <p>a. Are you a member of any indigenous group?</p> <p>b. Are you a person with disability?</p> <p>c. Are you a solo parent?</p>	<p><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>If YES, please specify: _____</p> <p><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>If YES, please specify ID No: _____</p> <p><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>If YES, please specify ID No: _____</p>												
<p>41. REFERENCES (Person not related by consanguinity or affinity to applicant /appointee)</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 33%;">NAME</th> <th style="width: 33%;">ADDRESS</th> <th style="width: 33%;">TEL. NO.</th> </tr> </thead> <tbody> <tr> <td>BERTA C. RATILLA</td> <td>VISAYAS STATE UNIVERSITY</td> <td>9262597123</td> </tr> <tr> <td>LUZ G. ASIO</td> <td>VISAYAS STATE UNIVERSITY</td> <td>9257593181</td> </tr> <tr> <td>DIONESIO M. BAÑOC</td> <td>VISAYAS STATE UNIVERSITY</td> <td>9069797249</td> </tr> </tbody> </table>		NAME	ADDRESS	TEL. NO.	BERTA C. RATILLA	VISAYAS STATE UNIVERSITY	9262597123	LUZ G. ASIO	VISAYAS STATE UNIVERSITY	9257593181	DIONESIO M. BAÑOC	VISAYAS STATE UNIVERSITY	9069797249
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<p>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.</p>													
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 QUILARIO, JOANNAH O. PHOTO	 Right Thumbmark												
<p>SUBSCRIBED AND SWORN to before me this _____, affiant exhibiting his/her validly issued government ID as indicated above.</p> <div style="border: 1px solid black; width: 300px; height: 60px; margin: 10px auto; text-align: center; padding-top: 10px;"> Person Administering Oath </div>													