

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	FALCONE		
FIRST NAME	FELY	NAME EXTENSION (JR., SR)	
MIDDLE NAME	CAÑETE		
3. DATE OF BIRTH (mm/dd/yyyy)	01/25/1993	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	ORMOC CITY, 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 type="checkbox"/> Single <input checked="" type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Separated <input type="checkbox"/> Other/s:	17. RESIDENTIAL ADDRESS	ZONE 1 House/Block/Lot No. Street GUADALUPE Subdivision/Village Barangay BAYBAY LEYTE City/Municipality Province
7. HEIGHT (m)	143	ZIP CODE	6521
8. WEIGHT (kg)	41		
9. BLOOD TYPE	A+	18. PERMANENT ADDRESS	PUROK 2 House/Block/Lot No. Street MILAGRO Subdivision/Village Barangay ORMOC LEYTE City/Municipality Province
10. GSIS ID NO.	N/A	ZIP CODE	6541
11. PAG-IBIG ID NO.	N/A		
12. PHILHEALTH NO.	13-025151003-3		
13. SSS NO.	0111-5964420-6	19. TELEPHONE NO.	N/A
14. TIN NO.	458-935-641	20. MOBILE NO.	09487004608
15. AGENCY EMPLOYEE NO.		21. E-MAIL ADDRESS (if any)	fely.falcone@vsu.edu.ph

II. FAMILY BACKGROUND

22. SPOUSE'S SURNAME	FALCONE		23. NAME OF CHILDREN (Write full name and list all)	DATE OF BIRTH (mm/dd/yyyy)
FIRST NAME	JOEL	NAME EXTENSION (JR., SR)	N/A	
MIDDLE NAME	ILUMBA			
OCCUPATION	SEAFARER			
EMPLOYER/BUSINESS NAME	CAREER PHILIPPINES INCORPORATED			
BUSINESS ADDRESS	MAKATI CITY			
TELEPHONE NO.				
24. FATHER'S SURNAME	CAÑETE			
FIRST NAME	FERNANDO	NAME EXTENSION (JR., SR)		
MIDDLE NAME	CAHAL			
25. MOTHER'S MAIDEN NAME				
SURNAME	ROSALES			
FIRST NAME	ANTONIETA			
MIDDLE NAME	REAL			

(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	MILAGRO ELEMENTARY SCHOOL	PRIMARY EDUCATION	06/01/1999	01/03/2005		2005	VALEDICTORIAN
SECONDARY	NEW ORMOC CITY NATIONAL HIGHSCHOOL	HIGH SCHOOL	01/06/2005	01/03/2009		2009	
VOCATIONAL / TRADE COURSE	N/A						
COLLEGE	VISAYAS STATE UNIVERSITY	BS AGRICULTURE	01/06/2009	01/04/2013		2013	PMCPFI GRANT-Thesis
GRADUATE STUDIES	VISAYAS STATE UNIVERSITY	MS PLANT PATHOLOGY	01/05/2018	01/08/2021		2021	DOST-ASTHRDP SCHOLAR


(Continue on separate sheet if necessary)


SIGNATURE		DATE	January 10, 2022
-----------	---	------	------------------





[illegible]

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

[illegible]

SIGNATURE		DATE	January 10, 2022
-----------	---	------	------------------

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						
(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			
	ORGANIC AGRICULTURE PRODUCTION NC II	09/03/2019	10/09/2019	232.0	TECHNICAL	TECHNICAL EDUCATION AND SKILLS DEVELOPMENT
	AGRICULTURAL CROPS PRODUCTION NC II	01/12/2019	01/02/2020	245.0	TECHNICAL	TECHNICAL EDUCATION AND SKILLS DEVELOPMENT
	2019 SUC-ACAP, Inc. Annual Convention	05/22/2019	05/24/2019			SUC-ACAP, Inc.
	16th National Vegetable Congress	09/27/2017	09/29/2017			Eastern Visayas Vegetable Farmer-Officer's Association
	29th Joint VICAARP and RRDEN Regional Research, Development and Extension Symposium	11/27/2017	11/28/2017			VICAARP and RRDEN
	Master Class Training of ACIAR Vegetable Integrated Crop Management (ICM)	01/18/2016	01/22/2016	40.0	TECHNICAL	ACIAR (Australian Center for International Agricultural Research)
	Alternative Teaching Approaches: Do you think we are ready?	07/28/2016				Dr. Abit, Oklahoma State University
	Training Workshop on Writing Scientific Papers for Peer-reviewed Publication	06/06/2016	06/09/2016	32.0	TECHNICAL	ACIAR (Australian Center for International Agricultural Research)
	Training Course on Integrated Crop Management for Vegetables	08/17/2015		8.0	TECHNICAL	ACIAR (Australian Center for International Agricultural Research)
(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)	
	KNOWLEDGE IN MICROSOFT OFFICE APPLICATIONS	N/A			N/A	
	PLANT DISEASE DIAGNOSIS					
	PATHOGEN ISOLATION AND CULTURE					
	WEED IDENTIFICATION AND MANAGEMENT					
	KNOWLEDGE IN STATISTICAL DESIGN & ANALYSIS					
	REPORT AND SCIENTIFIC WRITING					
(Continue on separate sheet if necessary)						
SIGNATURE					DATE	January 10, 2022

<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> <hr/> <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>DR. LUCIA M. BORINES</td> <td>PDDL, VSU</td> <td>917657908</td> </tr> <tr> <td>INISH CHRIS P. MESIAS</td> <td>DFST, VSU</td> <td>9504955081</td> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table>		NAME	ADDRESS	TEL. NO.	DR. LUCIA M. BORINES	PDDL, VSU	917657908	INISH CHRIS P. MESIAS	DFST, VSU	9504955081			
NAME	ADDRESS	TEL. NO.											
DR. LUCIA M. BORINES	PDDL, VSU	917657908											
INISH CHRIS P. MESIAS	DFST, VSU	9504955081											
<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>													
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="2">Government Issued ID (i.e. Passport, GSIS, SSS, PRC, Driver's License, etc.)</td> </tr> <tr> <td colspan="2">PLEASE INDICATE ID Number and Date of Issuance</td> </tr> <tr> <td>Government Issued ID:</td> <td>PRC</td> </tr> <tr> <td>ID/License/Passport No.:</td> <td>0016908</td> </tr> <tr> <td>Date/Place of Issuance:</td> <td>12/27/2021 ORMOC 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	ID/License/Passport No.:	0016908	Date/Place of Issuance:	12/27/2021 ORMOC CITY	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="text-align: center;">  Signature (Sign inside the box) 01/10/2022 Date Accomplished </td> </tr> </table>	 Signature (Sign inside the box) 01/10/2022 Date Accomplished	
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/License/Passport No.:	0016908												
Date/Place of Issuance:	12/27/2021 ORMOC CITY												
 Signature (Sign inside the box) 01/10/2022 Date Accomplished													
<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <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; height: 60px; margin-top: 10px;"></div> <p style="text-align: center;">Person Administering Oath</p> </div> <div style="width: 45%; text-align: center;">  Right Thumbmark </div> </div>													