

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 | SARCO | | |
| FIRST NAME | SHIELA MAE | NAME EXTENSION (JR., SR) N/A | |
| MIDDLE NAME | TORRENTE | | |
| 3. DATE OF BIRTH (mm/dd/yyyy) | 07/12/1998 | 16. CITIZENSHIP If holder of dual citizenship, please indicate the details. | <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 | MAASIN CITY, SOUTHERN LEYTE | | |
| 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 ZIP CODE | N/A N/A House/Block/Lot No. Street N/A TABUNOK Subdivision/Village Barangay BATO LEYTE City/Municipality Province |
| 7. HEIGHT (m) | 1.55 | | |
| 8. WEIGHT (kg) | 63 | | |
| 9. BLOOD TYPE | B+ | | |
| 10. GSIS ID NO. | N/A | 18. PERMANENT ADDRESS ZIP CODE | N/A N/A House/Block/Lot No. Street N/A TABUNOK Subdivision/Village Barangay BATO LEYTE City/Municipality Province |
| 11. PAG-IBIG ID NO. | N/A | | |
| 12. PHILHEALTH NO. | 13-202526458-8 | | |
| 13. SSS NO. | 06-4685146-4 | | |
| 14. TIN NO. | 627-104-415-00000 | 19. TELEPHONE NO. | N/A |
| 15. AGENCY EMPLOYEE NO. | N/A | 20. MOBILE NO. | 0965-892-6408 |
| | | 21. E-MAIL ADDRESS (if any) | shiela.sarco@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 | NAME EXTENSION (JR., SR) | JERSHIEL MAE S. RIEL | 07/10/2021 |
| MIDDLE NAME | N/A | | | |
| OCCUPATION | N/A | | | |
| EMPLOYER/BUSINESS NAME | N/A | | | |
| BUSINESS ADDRESS | N/A | | | |
| TELEPHONE NO. | N/A | | | |
| 24. FATHER'S SURNAME | SARCO | | | |
| FIRST NAME | JOSE CRISALDE | NAME EXTENSION (JR., SR) | | |
| MIDDLE NAME | IBASITAS | | | |
| 25. MOTHER'S MAIDEN NAME | | | | |
| SURNAME | TORRENTE | | | |
| FIRST NAME | VICENTA | | | |
| MIDDLE NAME | ORTIZ | | (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 | TABUNOK ELEMENTARY SCHOOL | N/A | 2004 | 2010 | N/A | 2010 | VALEDICTORIAN |
| SECONDARY | BATO SCHOOL OF FISHERIES | N/A | 2010 | 2014 | N/A | 2014 | WITH HONOR |
| VOCATIONAL / TRADE COURSE | VISAYAS STATE UNIVERSITY | CERTIFICATE OF AGRICULTURAL SCIENCE | 2014 | 2017 | N/A | 2017 | ATI-RTC 8 SCHOLAR/WITH HONOR |
| COLLEGE | VISAYAS STATE UNIVERSITY | BACHELOR OF SCIENCE IN AGRICULTURE MAJOR IN AGRONOMY | 2014 | 2019 | N/A | 2019 | ATI-RTC 8 SCHOLAR |
| GRADUATE STUDIES | VISAYAS STATE UNIVERSITY | MASTER OF SCIENCE IN AGRONOMY | 2019 | 2022 | N/A | 2022 | DOST- ASTHRDP |

(Continue on separate sheet if necessary)

| | | | |
|-----------|--|------|-----------------|
| SIGNATURE | | DATE | January 8, 2025 |
|-----------|--|------|-----------------|

| 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 | | |
| | RA 1080 (AGRICULTURIST) | 80.5 | NOVEMBER 22-24, 2022 | LICEO DEL VERBO DIVINO, TACLOBAN CITY | 0040828 | 12/07/2026 | | |
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| (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")/ INCREMENT | STATUS OF APPOINTMENT | GOV'T SERVICE (Y/ N) |
| | From | To | | | | | | |
| | 08/12/2024 | 12/13/2024 | PART-TIME INSTRUCTOR | DEPARTMENT OF AGRONOMY-VISAYAS STATE UNIVERSITY | 29640.00 | N/A | CONTRACTUAL | Y |
| | 05/07/2023 | 08/15/2024 | TECHNICAL SUPPORT STAFF IV | AGRICULTURAL TRAINING INSTITUT- REGIONAL TRAINING CENTER 8 | 20754.00 | N/A | CONTRACT OF SERVICE | Y |
| | 01/06/2023 | 6/31/2023 | SCIENCE RESEARCH SPECIALIST | ABUYOG EXPERIMENTAL STATION-DEPARTMENT OF AGRICULTURE REGIONAL FIELD OFFICE 8 | 27775.00 | N/A | INSTITUTIONAL LABOR | Y |
| | 01/03/2023 | 4/31/2023 | SCIENCE RESEARCH SPECIALIST | ABUYOG EXPERIMENTAL STATION-DEPARTMENT OF AGRICULTURE REGIONAL FIELD OFFICE 8 | 22000.00 | N/A | INSTITUTIONAL LABOR | Y |
| | 18/11/2022 | 31/12/2022 | SCIENCE RESEARCH SPECIALIST | DEPARTMENT OF AGRICULTURE- REGIONAL FIELD OFFICE 8 | 22000.00 | N/A | INSTITUTIONAL LABOR | Y |
| | 01/08/2019 | 20/12/2019 | GRADUATE TEACHING ASSISTANT | DEPARTMENT OF AGRONOMY-VISAYAS STATE UNIVERSITY | 9000.00 | N/A | CONTRACTUAL | Y |
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| SIGNATURE | |  | | DATE | January 8, 2025 | | | |
| CS FORM 212 (Revised 2017), Page 2 of 4 | | | | | | | | |

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 | | | | |
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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 | | | |
| | Training of Trainers on Value-adding for Non-food Coconut Products | 12/07/2023 | 14/07/2023 | 24.0 | Technical Support | AGRICULTURAL TRAINING INSTITUT- REGIONAL TRAINING CENTER 8 |
| | Training on Value-adding for Non-food Coconut Products (Farmer Level) | 25/07/2023 | 27/07/2023 | 24.0 | Technical Support | AGRICULTURAL TRAINING INSTITUT- REGIONAL TRAINING CENTER 8 |
| | Training of Trainers on Production of High-Quality Inbred Rice and Seeds and Farm Mechanization | 14/08/2023 | 25/08/2023 | 92.0 | Resource Person/ Technical | AGRICULTURAL TRAINING INSTITUT- REGIONAL TRAINING CENTER 8 |
| | Training on Native Chicken Production and Management (Farmer Level) | 26/09/2023 | 28/09/2023 | 24.0 | Resource Person/ Technical | AGRICULTURAL TRAINING INSTITUT- REGIONAL TRAINING CENTER 8 |
| | Knowledge Sharing and Learning on Balanced Fertilization Strategy Batch 1 | 24/10/2023 | 24/10/2023 | 8.0 | Technical Support | AGRICULTURAL TRAINING INSTITUT- REGIONAL TRAINING CENTER 8 |
| | Knowledge Sharing and Learning on Balanced Fertilization Strategy Batch 2 | 25/10/2023 | 25/10/2023 | 8.0 | Technical Support | AGRICULTURAL TRAINING INSTITUT- REGIONAL TRAINING CENTER 8 |
| | Training on Coconut Production and Management (Batch 1)- Farmer Level | 13/11/2023 | 15/11/2023 | 24.0 | Technical Support | AGRICULTURAL TRAINING INSTITUT- REGIONAL TRAINING CENTER 8 |
| | Training on Coconut Production and Management (Batch 3)- Farmer Level | 15/11/2023 | 17/11/2023 | 24.0 | Technical Support | AGRICULTURAL TRAINING INSTITUT- REGIONAL TRAINING CENTER 8 |
| | Training on Coconut-Coffee Farming Systems (Farmer Level) | 28/11/2023 | 30/11/2023 | 24.0 | Technical Support | AGRICULTURAL TRAINING INSTITUT- REGIONAL TRAINING CENTER 8 |
| | Training on Coconut Production and Management Batch 5 (Farmer Level) | 27/02/2024 | 29/02/2024 | 24.0 | Technical Support | AGRICULTURAL TRAINING INSTITUT- REGIONAL TRAINING CENTER 8 |
| | Training of Trainers on Production of High-Quality Inbred Rice and Seeds and Farm Mechanization (Batch 1) | 06/05/2024 | 17/05/2024 | 92.0 | Resource Person/ Technical | AGRICULTURAL TRAINING INSTITUT- REGIONAL TRAINING CENTER 8 |
| | Training on Animal Health Care (Batch 2) | 07/05/2024 | 09/05/2024 | 24.0 | Technical Support | AGRICULTURAL TRAINING INSTITUT- REGIONAL TRAINING CENTER 8 |
| | Training of Trainers on Production of High-Quality Inbred Rice and Seeds and Farm Mechanization (Batch 2) | 08/04/2024 | 19/04/2024 | 92.0 | Resource Person/ Technical | AGRICULTURAL TRAINING INSTITUT- REGIONAL TRAINING CENTER 8 |
| | Training of Trainers on Coconut Production and Management (Batch 2) | 03/06/2024 | 07/06/2024 | 40.0 | Technical Support | AGRICULTURAL TRAINING INSTITUT- REGIONAL TRAINING CENTER 8 |
| | Training on Urban and Peri-Urban Agriculture (Batch 4) | 26/06/2024 | 28/06/2024 | 24.0 | Resource Person/ Technical | AGRICULTURAL TRAINING INSTITUT- REGIONAL TRAINING CENTER 8 |
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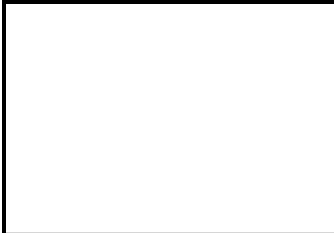

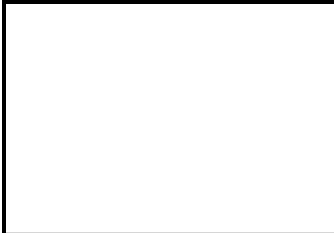

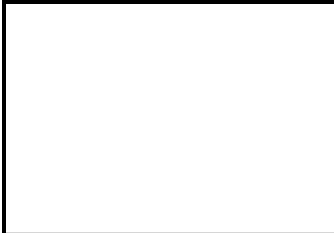



(Continue on separate sheet if necessary)

VIII. OTHER INFORMATION

| 31. | SPECIAL SKILLS and HOBBIES | 32. | NON-ACADEMIC DISTINCTIONS / RECOGNITION (Write in full) | 33. | MEMBERSHIP IN ASSOCIATION/ORGANIZATION (Write in full) |
|-----|--|-----|--|-----|---|
| | Microsoft Office Skills (Word, Excel, Powerpoint, Publisher) | | N/A | | N/A |
| | Xara Designer Pro X | | | | |
| | Sports (Chess, Frisbee, Volleyball, Badminton) | | | | |
| | Singing and Dancing | | | | |
| | Art (Sketch/Paint) | | | | |
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| SIGNATURE |  | DATE | January 8, 2025 |
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|--|---|---|---------------------------|---|--------------------------|--------------------------------------|-------------------------|-----------------------|---|---|---------------------------------|-----------------|-------------------|
| 34. Are you related by consanguinity or affinity to the appointing or recommending authority, or to 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)? | <div><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</div> <div><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</div> <div>If YES, give details: _____</div> | | | | | | | | | | | | |
| 35. a. Have you ever been found guilty of any administrative offense? b. Have you been criminally charged before any court? | <div><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</div> <div>If YES, give details: _____</div> | | | | | | | | | | | | |
| | <div><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</div> <div>If YES, give details: Date Filed: _____ Status of Case/s: _____</div> | | | | | | | | | | | | |
| 36. Have you ever been convicted of any crime or violation of any law, decree, ordinance or regulation by any court or tribunal? | <div><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</div> <div>If YES, give details: _____</div> | | | | | | | | | | | | |
| 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? | <div><input checked="" type="checkbox"/> YES <input type="checkbox"/> NO</div> <div>If YES, give details: <u>Resigned as GTA after</u> <u>being accepted as DOST-ASTHRDP scholar</u></div> | | | | | | | | | | | | |
| 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? | <div><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</div> <div>If YES, give details: _____</div> | | | | | | | | | | | | |
| | <div><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</div> <div>If YES, give details: _____</div> | | | | | | | | | | | | |
| 39. Have you acquired the status of an immigrant or permanent resident of another country? | <div><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</div> <div>If YES, give details (country): _____</div> | | | | | | | | | | | | |
| 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? | <div><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</div> <div>If YES, please specify: _____</div> <div><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</div> <div>If YES, please specify ID No: _____</div> <div><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</div> <div>If YES, please specify ID No: _____</div> | | | | | | | | | | | | |
| 41. REFERENCES (Person not related by consanguinity or affinity to applicant/appointee) | | | | | | | | | | | | | |
| <table><tr><td>NAME</td><td>ADDRESS</td><td>TEL. NO.</td></tr><tr><td>MARIA HELEN P. SECO</td><td>Brgy. Pangasugan, Baybay City, Leyte</td><td>0919-008-1300</td></tr><tr><td>JUNALYN F. PALCO</td><td>VSU Campus, Baybay City, Leyte</td><td>0930-676-7349</td></tr><tr><td></td><td></td><td></td></tr></table> | | NAME | ADDRESS | TEL. NO. | MARIA HELEN P. SECO | Brgy. Pangasugan, Baybay City, Leyte | 0919-008-1300 | JUNALYN F. PALCO | VSU Campus, Baybay City, Leyte | 0930-676-7349 | | | |
| NAME | ADDRESS | TEL. NO. | | | | | | | | | | | |
| MARIA HELEN P. SECO | Brgy. Pangasugan, Baybay City, Leyte | 0919-008-1300 | | | | | | | | | | | |
| JUNALYN F. PALCO | VSU Campus, Baybay City, Leyte | 0930-676-7349 | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| 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.)</td><td>PLEASE INDICATE ID Number and Date</td></tr><tr><td>Government Issued ID:</td><td>PRC ID</td></tr><tr><td>ID/License/Passport No.:</td><td>0040828</td></tr><tr><td>Date/Place of Issuance:</td><td>04/24/2023- PRC Ormoc</td></tr></table> | Government Issued ID (i.e.Passport, GSIS, SSS, PRC, Driver's License, etc.) | PLEASE INDICATE ID Number and Date | Government Issued ID: | PRC ID | ID/License/Passport No.: | 0040828 | Date/Place of Issuance: | 04/24/2023- PRC Ormoc | <table><tr><td></td></tr><tr><td>Signature (Sign inside the box)</td></tr><tr><td>January 8, 2025</td></tr><tr><td>Date Accomplished</td></tr></table> |  | Signature (Sign inside the box) | January 8, 2025 | Date Accomplished |
| Government Issued ID (i.e.Passport, GSIS, SSS, PRC, Driver's License, etc.) | PLEASE INDICATE ID Number and Date | | | | | | | | | | | | |
| Government Issued ID: | PRC ID | | | | | | | | | | | | |
| ID/License/Passport No.: | 0040828 | | | | | | | | | | | | |
| Date/Place of Issuance: | 04/24/2023- PRC Ormoc | | | | | | | | | | | | |
|  | | | | | | | | | | | | | |
| Signature (Sign inside the box) | | | | | | | | | | | | | |
| January 8, 2025 | | | | | | | | | | | | | |
| Date Accomplished | | | | | | | | | | | | | |
| <table><tr><td></td></tr><tr><td>PHOTO</td></tr><tr><td></td></tr><tr><td>Right Thumbmark</td></tr></table> | |  | PHOTO |  | Right Thumbmark | | | | | | | | |
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| SUBSCRIBED AND SWORN to before me this _____, affiant exhibiting his/her validly issued government ID as indicated above. | | | | | | | | | | | | | |
| <table><tr><td></td></tr><tr><td>Person Administering Oath</td></tr></table> | |  | Person Administering Oath | | | | | | | | | | |
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| Person Administering Oath | | | | | | | | | | | | | |