CS Form No. 212 Revised 2017	PERSO	DNAL DATA	A SHE	EET			
WARNING: Any misrepresentation	n made in the Personal Data Sheet and the Work	Experience Sheet shall cause	the filing of ad	lministrative/criminal cas	se/s against the po	erson concern	ed.
	FILLING OUT THE PERSONAL DATA SHEET (PE						
Print legibly. Tick appropriate boxes (  I. PERSONAL INFORMATION	nd use separate sheet if necessary. Indicate N/A if n	ot applicable. DO NOT ABBREVI	ATE.	1. CS ID No.		(Do not fill	up. For CSC use only)
2. SURNAME	GABI						
FIRST NAME	GLAIDYLL					N/A	
MIDDLE NAME	LOBRINO						
DATE OF BIRTH				Ι			
(mm/dd/yyyy)	04/10/1996	16. CITIZENSHIP			FILIPINO	)	
4. PLACE OF BIRTH	Baybay, Leyte	If holder of dual citizen	ship,	Pls. indicate country:			
5. SEX	FEMALE	please indicate the de	tails.		N/A		
6 CIVIL STATUS	. ==	17. RESIDENTIAL ADDRESS				Purok 3	
6 CIVIL STATUS	SINGLE			rse/Block/Lot No.		Street Kilim	
			Su	bdivision/Village		Barangay	
7. HEIGHT (m)	5'1			Baybay City itv/Municipality		Leyte Province	
8. WEIGHT (kg)	41 kg	ZIP CODE			6521		
9. BLOOD TYPE	Type O+	18. PERMANENT ADDRESS	Hav	ıse/Block/Lot No.		Purok 3 Street	
10. GSIS ID NO.	N/A		LOP	FA Compound		Kilim	
11. PAG-IBIG ID NO.	1212 6953 4458	-		bdivision/Village Baybay City		Barangay <b>Leyte</b>	
			С	ity/Municipality		Province	
12. PHILHEALTH NO.	1325-0366-2063	ZIP CODE			6521		
13. SSS NO.	34-9330126-1	19. TELEPHONE NO.			N/A		
14. TIN NO.	602-349-360	20. MOBILE NO.		09	9617962055		
15. AGENCY EMPLOYEE NO.	N/A	21. E-MAIL ADDRESS (if any)		glaidyll.	gabi@vsu.edu.pl	<u>h</u>	
II. FAMILY BACKGROUND							
22. SPOUSE'S SURNAME	N/A		23. NAME of CHIL	LDREN (Write full name and list	all)	DATE OF BIF	RTH (mm/dd/yyyy)
FIRST NAME	N/A	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	GABI	,					
FIRST NAME	RUBEN	N/A					
MIDDLE NAME	LAGATIC						
25. MOTHER'S MAIDEN NAME	MA THERESA MEDALLO I	LOBRINO					
SURNAME	GABI						
FIRST NAME	MA THERESA						
MIDDLE NAME	LOBRINO			(Continue on s	eparate sheet if nece	ssary)	
III. EDUCATIONAL BACKGRO	OUND						
26. LEVEL	NAME OF SCHOOL (Write in full)	BASIC EDUCATION/DEGRE (Write in full)	E/COURSE	PERIOD OF ATTENDANCE	HIGHEST LEVEL/ UNITS EARNED (if not graduated)	YEAR GRADUATED	SCHOLARSHIP/ ACADEMIC HONORS RECEIVED

MIDDLE NAME	LOBRINO		(Continue on separate sneet if necessary)					
III. EDUCATIONAL BACKGROUND								
26. LEVEL	NAME OF SCHOOL (Write in full)	BASIC EDUCATION/DEGREE (Write in full)	E/COURSE	PERIOD OF ATTENDANCE		HIGHEST LEVEL/ UNITS EARNED (if not graduated)	YEAR GRADUATED	SCHOLARSHIP/ ACADEMIC HONORS RECEIVED
				From	То	(II flot graddated)		REGEIVED
ELEMENTARY	KILIM ELEMENTARY SCHOOL	PRIMARY EDUCAT	TION	2002	2008	N/A	2008	N/A
SECONDARY	BUNGA NATIONAL HIGH SCHOOL	HIGH SCHOOL	-	2008	2012	N/A	2012	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 ANIMAL	SCIENCE	2014	2019	N/A	2019	Tulong Dunong Scholarship
GRADUATE STUDIES	N/A	N/A		N/A	N/A	N/A	N/A	N/A
(Continue on separate sheet if necessary)								

SIGNATURE

March 2, 2023

DATE

VI. VOLUI	NTARY WORK OR INVOLVEMENT IN C	CIVIC / NON-GOVERNMENT / PEOP	PLE / VOLUNTA	ARY ORGANIZ	ATION/S		
29.	NAME & ADDRESS OF OF			/E DATES d/yyyy)	NUMBER OF HOURS		POSITION / NATURE OF WORK
	(Write in full)		From	То	NUMBER OF HOURS		POSITION / NATURE OF WORK
	N/A		N/A	N/A	N/A		N/A
VII. LEAF	RNING AND DEVELOPMENT (L&D) INT		ntinue on separate s AMS ATTENDE				
(Start from th	ne most recent L&D/training program and include on	ly the relevant L&D/training taken for the last f	five (5) years for Div	ision Chief/Executiv	re/Managerial positio	ons)	
30.	TITLE OF LEARNING AND DEVELOPMENT INTE			OF ATTENDANCE d/yyyy)	NUMBER OF HOURS	Type of LD ( Managerial/	CONDUCTED/ SPONSORED BY
	(Write in full)		From	То		Supervisory/ Technical/etc)	(Write in full)
CVM Strate	egic Planning Workshop Part 2		02/22/2023	02/23/2023	16 Hours	Technical	College of Veterinary Medicine (Visayas State
	2015 Awareness Seminar		02/15/2023	02/15/2023	2 Hours	Technical	University) Visayas State University
	Orientation & Re-Orientation of Academi Focal Persons, 2nd Semester AY: 2022-20		02/10/2023	02/10/2023	3 Hours	Technical	Visayas State University
	egic Planning Workshop Part 1	020	02/02/2023	02/03/2023	16 Hours	Technical	College of Veterinary Medicine (Visayas State University)
1st Animal	l Welfare Training		11/23/2022	11/23/2022	8 Hours	Technical	College of Veterinary Medicine (Visayas State University)
Webinar: I	nnovate, Integrate, Motivate - One Health	Approach towards AMR Mitigation	10/31/2022	10/31/2022	2 Hours	Technical	Philippine Veterinary Medical Association (PVMA)
	GRADUATE WEBINAR SERIES: Part 1 - C	opper as growth promotant in swine	05/13/2022	05/13/2022	1 Hour	Technical	Institute of Animal Science (University of the Philippines Los Baños)
	GRADUATE WEBINAR SERIES: Part 2 - A	pplications of synbiotics in poultry	05/13/2022	05/13/2022	1 Hour	Technical	Institute of Animal Science (University of the Philippines Los Baños)
•	Nodern Swine Farming Practices in Canad	la	04/29/2022	04/29/2022	1 Hour	Technical	Department of Animal Science (Visayas State
Webinar: " Zealand"	Dairy Farming Practices: A Perspective in	the Northern and Southern New	04/08/2022	04/08/2022	1 Hour	Technical	University)  Department of Animal Science (Visayas State University)
	GRADUATE WEBINAR SERIES: "Determine	nants of Nutritional Value of Feather	12/10/2021	12/10/2021	1 Hour	Technical	Institute of Animal Science (University of the
ANSC 299	GRADUATE WEBINAR SERIES: "Black So	oldier Fly Larvae Meal as Feed	12/10/2021	12/10/2021	1 Hour	Technical	Philippines Los Baños) Institute of Animal Science (University of the
ingrealent	in Poultry "						Philippines Los Baños)
VIII. OTH	ER INFORMATION	(Co	ntinue on separate s	sheet if necessary)	_	_	
31.	SPECIAL SKILLS and HOBBIES	32. NOI	N-ACADEMIC DISTIN	NCTIONS / RECOGN	ITION		33. MEMBERSHIP IN ASSOCIATION/ORGANIZATION
31.	OF EGIAL SIVILES AND FROMEICS	JZ.		e in full)			(vvrite in full)
	Computer Skills		N/A				Philippine Association of Agriculturists, Inc.
	Organizational Skills						
	Interpersonal Skills						
		(Co.	ntinue on separate s	sheet if necessary)			<u>'</u>
	SIGNATURE				D,	ATE	March 2, 2023

	RVICE ELIGIE R SERVICE/ RA 10	080 (BOARD/ BAR) UNDER	RATING	DATE OF EXAMINATION /				LICENSE (if a	pplicable)
	SPECIAL LAW	/S/ CES/ CSEE TY / DRIVER'S LICENSE	(If Applicable)	CONFERMENT	PLACE OF EXAMII	NATION / CONFERMEN	ΙΤ	NUMBER	Date of Validity
	Agricult	urist	75.0	11/5-7/2019	Taclo	oban City		0034322	10/4/2025
	SK Coun	selor	N/A	1/6/2019	Brgy. Kilir	n, Baybay City		N/A	N/A
/. WORK EX	(PERIENCE			(Continue on separate she	et if necessary)	-	-	-	
Include priva	te employmen	t. Start from your recent	work) Description of d	uties should be indicate	d in the attached Work Expe	erience sheet.			
	SIVE DATES n/dd/yyyy) To	POSITIO (Write in full/Do			ENCY / OFFICE / COMPANY II/Do not abbreviate)	MONTHLY SALARY	SALARY/ JOB/ PAY GRADE (if applicable)& STEP (Format "00-0")/ INCREMENT	STATUS OF APPOINTMENT	GOV'T SERVI (Y/ N)
3/10/2022	06/30/2023	Laboratory Technic	ian/Alternate dDRC	College of V	eterinary Medicine State University	P16,877	N/A	Contractual	Yes
05/16/2022	09/30/2022	Administra	tive Aide III	Department of Lik	peral Arts and Behavioral ayas State University)	P8,301	N/A	Contractual	Yes
08/13/2021	04/30/2022	Assista	nt Clerk	College of V	eterinary Medicine State University	P8,301	N/A	Contractual	Yes
2/11/2020	05/30/2021	Farm Tec	chnician		evo Farms	P8,000	N/A	Temporary	No
10/6/2018	07/21/2018	On-The-Jo	b Trainee	Sagb	ayan Farms	N/A	N/A	N/A	N/A
		/>		(Continue on separate she	<u>, , , , , , , , , , , , , , , , , , , </u>	<u> </u>			
SIGNA	TURE				DATE		March	2, 2023	

I Say With the states of company and the appointing	or recommending authority, or to the	If YES, give details	s:N/A_
chief of bureau or office or to the person who has immediate			
Bureau or Department where you will be apppointed,			
a. within the third degree?			
b. within the fourth degree (for Local Government Unit - Care	eer Employees)?		
b. Within the load in degree (for 2004) Continuent only out	you zampioyoody.		
35. a. Have you ever been found guilty of any administrative offe	ense?		
		If YES, give details	s:
b. Have you been criminally charged before any court?			
			s:N/A
		Date Filed:	
		Status of Case/s:	
36. Have you ever been convicted of any crime or violation of an	ny law, decree, ordinance or regulation by		
any court or tribunal?		If YES give details	s: <u>N/A</u>
		11 120, give som	
37. Have you ever been separated from the service in any of the			
dropped from the rolls, dismissal, termination, end of term, fi	nished contract or phased out (abolition)		s: End of contracts; Resignation of work as
in the public or private sector?		Farm Technician	
38. a. Have you ever been a candidate in a national or local elec	ction held within the last year (except		
Barangay election)?		If YES, give detai	ils: N/A
<ul> <li>b. Have you resigned from the government service during th</li> </ul>			In ALIA
election to promote/actively campaign for a national or local	candidate?	If YES, give detai	ls:N/A
39. Have you acquired the status of an immigrant or permanent	resident of another country?		
39. 112.10 ) 12. 12. 12. 12. 12. 12. 12. 12. 12. 12.		If YES, give details	(country):
		11 120, g. 12	N/A
	D		
40. Pursuant to: (a) Indigenous People's Act (RA 8371); (b) Mag	Jna Carta for Disabled Persons (RA		
7277); and (c) Solo Parents Welfare Act of 2000 (RA 8972),	please answer the lollowing items.	K VEC places specify	· N/A
a. Are you a member of any indigenous group?		If YES, please specify	
. A STATE OF THE S		1	
b. Are you a person with disability?		If VES please specify	ID No: N/A
		If YES, please specify	ID No: N/A
b. Are you a person with disability?  c. Are you a solo parent?		- n	
		If YES, please specify	
c. Are you a solo parent?	/appointee)	- n	
		If YES, please specify	
c. Are you a solo parent?	ADDRESS	- h	
c. Are you a solo parent?  41. REFERENCES (Person not related by consanguinity or affinity to applicant.  NAME	ADDRESS  College of Veterinary Medicine	If YES, please specify	
Are you a solo parent?  41. REFERENCES (Person not related by consanguinity or affinity to applicant.)	ADDRESS  College of Veterinary Medicine Visayas State University	If YES, please specify TEL NO. 1038	
Are you a solo parent?  41. REFERENCES (Person not related by consanguinity or affinity to applicant.  NAME  DR. SANTIAGO T. PEÑA, JR.	ADDRESS  College of Veterinary Medicine Visayas State University  College of Veterinary Medicine	If YES, please specify	
c. Are you a solo parent?  41. REFERENCES (Person not related by consanguinity or affinity to applicant.  NAME  DR. SANTIAGO T. PEÑA, JR.  DR. AGNES M. TAVEROS	ADDRESS  College of Veterinary Medicine Visayas State University College of Veterinary Medicine Visayas State University Department of Eliperar Arts and	If YES, please specify TEL NO. 1038	
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