

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	ROMARES		
FIRST NAME	JOEL JR.	NAME EXTENSION (JR., SR) N/A	
MIDDLE NAME	PARAISO		
3. DATE OF BIRTH (mm/dd/yyyy)	03/03/1996	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	BULACAN, BULACAN		
5. SEX	<input checked="" type="checkbox"/> Male <input 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	SAMBAG House/Block/Lot No. Street LAGTANG Subdivision/Village Barangay TALISAY CITY CEBU City/Municipality Province
7. HEIGHT (m)	1.67		
8. WEIGHT (kg)	81		6045
9. BLOOD TYPE	A+		
10. GSIS ID NO.	N/A		
11. PAG-IBIG ID NO.	121253653901	18. PERMANENT ADDRESS ZIP CODE	SAMBAG House/Block/Lot No. Street LAGTANG Subdivision/Village Barangay TALISAY CITY CEBU City/Municipality Province
12. PHILHEALTH NO.	120258366366		6045
13. SSS NO.	3475608607		
14. TIN NO.	758206332		
15. AGENCY EMPLOYEE NO.	N/A		
		19. TELEPHONE NO.	N/A
		20. MOBILE NO.	09265310359 ; 09298488344
		21. E-MAIL ADDRESS (if any)	ROMARES1996@GMAIL.COM

II. FAMILY BACKGROUND

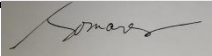
22. SPOUSE'S SURNAME	N/A		23. NAME of CHILDREN (Write full name and list all)	DATE OF BIRTH (mm/dd/yyyy)
FIRST NAME	N/A	NAME EXTENSION (JR., SR) N/A	N/A	N/A
MIDDLE NAME	N/A		N/A	N/A
OCCUPATION	N/A		N/A	N/A
EMPLOYER/BUSINESS NAME	N/A		N/A	N/A
BUSINESS ADDRESS	N/A		N/A	N/A
TELEPHONE NO.	N/A		N/A	N/A
24. FATHER'S SURNAME	ROMARES		N/A	N/A
FIRST NAME	JOEL	N/A	N/A	N/A
MIDDLE NAME	ROMANO		N/A	N/A
25. MOTHER'S MAIDEN NAME			N/A	N/A
SURNAME	PARAISO		N/A	N/A
FIRST NAME	ELENITA		N/A	N/A
MIDDLE NAME	DELA CRUZ		(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)	YEAR GRADUATED	SCHOLARSHIP, ACADEMIC HONORS RECEIVED
			From	To			
ELEMENTARY	LAGTANG ELEMENTARY SCHOOL	REVISED BASIC ELEMENTARY EDUCATION CURRICULUM	2006	2008	N/A	2008	2 ND HON. MENTION
SECONDARY	TABUNOK NATIONAL HIGH SCHOOL	REVISED BASIC SECONDARY EDUCATION CURRICULUM	2009	2012	N/A	2012	2 ND HON. MENTION
VOCATIONAL / TRADE COURSE	N/A	N/A	N/A	N/A	N/A	N/A	N/A
COLLEGE	CEBU TECHNOLOGICAL UNIVERSITY – BARILI CAMPUS	DOCTOR OF VETERINARY MEDICINE	2012	2019	N/A	2019	N/A
GRADUATE STUDIES	TALISAY CITY COLLEGE	DIPLOMA IN PROFESSIONAL EDUCATION	JULY 2021	OCTOBER 2021	18 UNITS	N/A	N/A

(Continue on separate sheet if necessary)

SIGNATURE			DATE	11/27/2021
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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						
(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			
	CLINICAL WEBINAR SERIES (VET EMERGENCIES)	11/22/2021	11/26/2021	13.5	TECHNICAL	VETERINARY PRACTITIONERS ASSOCIATION OF THE PHILIPPINES
	2021 PHILIPPINE COLLEGE OF LABORATORY ANIMAL MEDICINE ANNUAL SCI CONFERENCE	09/07/2021	09/11/2021	12	TECHNICAL	PHILIPPINE VETERINARY MEDICAL ASSOCIATION
	POULTRY SCHOOL ONLINE	09/09/2021	09/10/2021	16	TECHNICAL	PHILIPPINE COLLEGE OF POULTRY PRACTITIONERS
	PAHA 26 TH ANNUAL CONFERENCE	09/07/2021	09/09/2021	24	TECHNICAL	PHILIPPINE ANIMAL HOSPITAL ASSOCIATION
	FIELD PRACTICUM ON DAIRY PRODUCTION AND RESEARCH ACTIVITIES	07/24/2018	08/01/2018	101	TECHNICAL	PHILIPPINE CARABAO CENTER - BOHOL
	ON-THE-JOB TRAINING (LIVESTOCK)	07/09/2018	07/23/2018	100	TECHNICAL	DEPARTMENT OF AGRICULTURE VII UBAY STOCK FARM
(Continue on separate sheet if necessary)						
VIII. OTHER INFORMATION						
31.	SPECIAL SKILLS and HOBBIES	NON-ACADEMIC DISTINCTIONS / RECOGNITION (Write in full)			33.	MEMBERSHIP IN ASSOCIATION/ORGANIZATION (Write in full)
	FEATURE AND ESSAY WRITING	PHILIPPINE VETERINARY MEDICAL ASSOCIATION STUDENT THESIS GRANTEE OF 2018				N/A
	CANINE AND FELINE SURGERIES AND MEDICINE	SUPREME STUDENT COUNCIL – DOCTOR OF VETERINARY MEDICINE REPRESENTATIVE AY 2014-2015				
	LIVESTOCK AND POULTRY MANAGEMENT	VICE PRESIDENT'S LEADERSHIP AWARD OF 2012				
(Continue on separate sheet if necessary)						
SIGNATURE				DATE	11/27/2021	

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 Bureau or Department where you will be appointed,
a. within the third degree?
b. within the fourth degree (for Local Government Unit - Career Employees)?

☐ YES☒ NO

☐ YES☒ 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?

☐ YES☒ NO

If YES, give details:

☐ YES☐ 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?

☐ YES☒ 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?

☒ YES☐ NO

If YES, give details:
RESIGNATION DUE TO MIGRATION FROM BULACAN TO CEBU

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?

☐ YES☐ NO

If YES, give details: _____

☐ YES☒ NO

If YES, give details: _____

39. Have you acquired the status of an immigrant or permanent resident of another country?

☐ YES☒ 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
a. Are you a member of any indigenous group?
b. Are you a person with disability?
c. Are you a solo parent?

☐ YES☒ NO

If YES, please specify: _____

☐ YES☒ NO

If YES, please specify ID No: _____

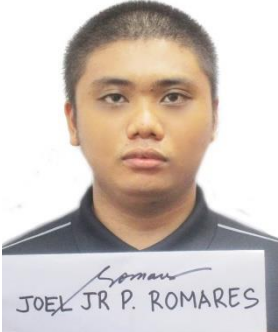
☐ YES☒ NO

If YES, please specify ID No: _____

41. REFERENCES (Person not related by consanguinity or affinity to applicant /appointee)

NAME	ADDRESS	TEL. NO.
ZANDRO O. PEREZ, DVM	MINGLANILLA, CEBU	09328111188
MAYLINA G. ALICABA, DVM	BALAMBAN, CEBU	09260051074
LEIZEL H. SILUBRICO	DUMARAO, CAPIZ	09178930882

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.

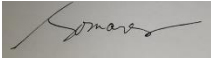


Government Issued ID (i.e.Passport, GSIS, SSS, PRC, Driver's License, etc.)
PLEASE INDICATE ID Number and Date of Issuance

Government Issued ID: PRC

ID/License/Passport No.: 0010794


Date/Place of Issuance: PRC, MANDAUE CITY, CEBU



Signature (Sign inside the box)

11/27/2021

Date Accomplished



Right Thumbmark

SUBSCRIBED AND SWORN to before me this _____, affiant exhibiting his/her validly issued government ID as indicated above.

Person Administering Oath

