

## 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	CAÑAS		
FIRST NAME	NECODIMUS		NAME EXTENSION (JR., SR) N/A
MIDDLE NAME	FAJARDO		
3. DATE OF BIRTH (mm/dd/yyyy)	12/06/1998	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: <span style="border: 1px solid black; padding: 2px;">▼</span>
4. PLACE OF BIRTH	PALO LEYTE	If holder of dual citizenship, please indicate the details.	
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:		
7. HEIGHT (m)	1.9 m	17. RESIDENTIAL ADDRESS	N/A PUROK MACUPA House/Block/Lot No. Street N/A SAN FERNANDO Subdivision/Village Barangay PALO LEYTE City/Municipality Province
8. WEIGHT (kg)	59 kg	ZIP CODE	6500
9. BLOOD TYPE	O+	18. PERMANENT ADDRESS	N/A PUROK MACUPA House/Block/Lot No. Street N/A SAN FERNANDO Subdivision/Village Barangay PALO LEYTE City/Municipality Province
10. GSIS ID NO.		ZIP CODE	6500
11. PAG-IBIG ID NO.			
12. PHILHEALTH NO.	09-025686453-2		
13. SSS NO.		19. TELEPHONE NO.	NA
14. TIN NO.	755-310-456	20. MOBILE NO.	09772492963
15. AGENCY EMPLOYEE NO.		21. E-MAIL ADDRESS (if any)	<a href="mailto:necodimuscanas1212@gmail.com">necodimuscanas1212@gmail.com</a>

**II. FAMILY BACKGROUND**

22. SPOUSE'S SURNAME			23. NAME OF CHILDREN (Write full name and list all)	DATE OF BIRTH (mm/dd/yyyy)
FIRST NAME	NA	NAME EXTENSION (JR., SR)	NA	
MIDDLE NAME	NA		NA	
OCCUPATION	NA		NA	
EMPLOYER/BUSINESS NAME	NA		NA	
BUSINESS ADDRESS	NA		NA	
TELEPHONE NO.	NA		NA	
24. FATHER'S SURNAME	CAÑAS		NA	
FIRST NAME	ALEJANDRO	NAME EXTENSION (JR., SR) N/A	NA	
MIDDLE NAME	PALOMERAS		NA	
25. MOTHER'S MAIDEN NAME			NA	
SURNAME	FAJARDO		NA	
FIRST NAME	JHANO A		NA	
MIDDLE NAME	TAMPIL		(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	BARAS ELEMEMENTARY SCHOOL	ELEMENTARY EDUCATION	2005	2011	NA	2011	WITH HONOR
SECONDARY	MARASBARAS NATIONAL HIGH SCHOOL	SPECIAL SCIENCE PROGRAM	2011	2015	NA	2015	VALEDICTORIAN
VOCATIONAL / TRADE COURSE	NA	NA	NA	NA	NA	NA	NA
COLLEGE	VISAYAS STATE UNIVERSITY	BACHELOR OF SCIENCE in AGRICULTURE	2015	2019	NA	2019	CHED STUFAP AND SINOCHEM CROP PROTECTION
GRADUATE STUDIES	VISAYAS STATE UNIVERSITY	MASTER OF SCIENCE in ENTOMOLOGY	2022	Until Present	37 units	NA	DOST-ASTHRDP

(Continue on separate sheet if necessary)

SIGNATURE

DATE

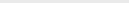
07/22/24

[illegible]


**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	GOVT SERVICE (Y/ N)
	From	To						
	03/01/2022	07/01/2022	TRAINING ASSISTANT	Agricultural Training Institute RTC 8	P20,000	N/A	Contract of Service	No
	8/6/2019	12/21/20	Instructor I (Agriculture)	Western Philippines University	P18,000	N/A	Contract of Service	No
	02/04/2020	01/15/21	SCIENCE RESEARCH TECHNICIAN II	Department of Agriculture RCPC 8	P19,620	N/A	Contract of Service	No

[illegible]

(Continue on separate sheet if necessary)			
SIGNATURE		DATE	07/22/24

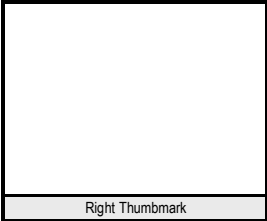
VI. VOLUNTARY WORK OR INVOLVEMENT IN CIVIC / NON-GOVERNMENT / PEOPLE / VOLUNTARY ORGANIZATION/S						
29.	NAME & ADDRESS OF ORGANIZATION (Write in full)	INCLUSIVE DATES (mm/dd/yyyy)		NUMBER OF HOURS	POSITION / NATURE OF WORK	
		From	To			
NA		NA	NA	NA	NA	
NA		NA	NA	NA	NA	
NA		NA	NA	NA	NA	
NA		NA	NA	NA	NA	
NA		NA	NA	NA	NA	
NA		NA	NA	NA	NA	
NA		NA	NA	NA	NA	
NA		NA	NA	NA	NA	
(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			
	1ST Virtual Biotechnology Seminar Cner for Studies and Biotechnology	11/26/22	11/26/22	4 hours	Technical	University, Barili Campus (online)
	Seminar-Workshop on hydrocyanic Acid in Cassava and Its Analysis	08/03/2019	08/06/2019	24 hours	Technical	Philippine Root Crop Research and Training Center
	Training on Grafting	4/24/2018	4/24/2018	4 hours	Technical	Visayas State University Department of Horticulture
	Microbial-induced Mobilization of Miconutrient in Soil for Increased Yield and Improved Nutrient Quality of Sweetpotato and Purple Yam	3/20/2018	3/20/2018	4 hours	Technical	Visayas State University
	Corn Pest Surveillance Training cum Gender and Development	03/12/2020	03/13/2021	16 hours	Technical	Balay Alumni, Visayas State University
	Research Capability Enhancement Seminar for DepEd Teacher of Bataraza Brooke's Point and Rizal Palawan	11/30/2019	11/30/2019	8 hours	Technical	Bataraza Sub-Office, Rio Tuba Bataraza, Palawan
	3rd Annual Research Development Extension for External Campuses and Center	10/02/2019	10/03/2019	24 hours	Technical	External Campuses Center Western Phippines University Palawan
	Training on Pesticide Storage, Handling and Disposal	12/14/2018	12/14/2018	4 hours	Technical	Pest Management Auditorium, Visayas State University
---NOTHING FOLLOWS---						
(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)

SPORTS(Volleyball,Basketball,Badminton,Frisbee,Table Tennis,Lawn Tennis)	NA	Plant Protection Majors' Association	
Dancing	NA	Visayas State University Graduate Student Association	
--NOTHING FOLLOWS--	NA	--NOTHING FOLLOWS--	
	NA		
	NA		
	NA		
	NA		
	NA		
	NA		
(Continue on separate sheet if necessary)			
SIGNATURE		DATE	01/17/22

<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? <span style="float: right;"><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</span></p> <p>b. within the fourth degree (for Local Government Unit - Career Employees)? <span style="float: right;"><input type="checkbox"/> YES <input type="checkbox"/> NO</span></p>	<p>If YES, give details: _____</p>												
<p>35. a. Have you ever been found guilty of any administrative offense? <span style="float: right;"><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</span></p> <p>b. Have you been criminally charged before any court? <span style="float: right;"><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</span></p>	<p>If YES, give details: _____</p> <p>If YES, give details: _____</p> <p>Date Filed: _____</p> <p>Status of <input checked="" type="checkbox"/> <del>case/s</del>: _____</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? <span style="float: right;"><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</span></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? <span style="float: right;"><input checked="" type="checkbox"/> YES <input type="checkbox"/> NO</span></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)? <span style="float: right;"><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</span></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? <span style="float: right;"><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</span></p>	<p>If YES, give details: _____</p> <p>If YES, give details: _____</p>												
<p>39. Have you acquired the status of an immigrant or permanent resident of another country? <span style="float: right;"><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</span></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? <span style="float: right;"><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</span></p> <p>b. Are you a person with disability? <span style="float: right;"><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</span></p> <p>c. Are you a solo parent? <span style="float: right;"><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</span></p>	<p>If YES, please specify ID 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>JUSTINE BENNETTE H. MILLADO</td> <td>VSU-DPM</td> <td></td> </tr> <tr> <td>CHRISTIAN KERUEL LAURENTE</td> <td>ATI-RTC 8</td> <td>9177034791</td> </tr> <tr> <td>ERLINDA A. VASQUEZ</td> <td>VSU-DPM</td> <td>0955-930-3232</td> </tr> </tbody> </table>		NAME	ADDRESS	TEL. NO.	JUSTINE BENNETTE H. MILLADO	VSU-DPM		CHRISTIAN KERUEL LAURENTE	ATI-RTC 8	9177034791	ERLINDA A. VASQUEZ	VSU-DPM	0955-930-3232
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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>													
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="padding: 2px;">Government Issued ID (i.e. Passport, GSIS, SSS, PRC, Driver's License, etc.)</td> </tr> <tr> <td style="padding: 2px;">PLEASE INDICATE ID Number and Date of Issuance</td> </tr> <tr> <td style="padding: 2px;">Government Issued ID: _____</td> </tr> <tr> <td style="padding: 2px;">ID/License/Passport No.: _____</td> </tr> <tr> <td style="padding: 2px;">Date/Place of Issuance: _____</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: _____	ID/License/Passport No.: _____	Date/Place of Issuance: _____	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="text-align: center; padding: 10px;">  </td> </tr> <tr> <td style="text-align: center; padding: 2px;">Signature (Sign inside the box)</td> </tr> <tr> <td style="text-align: center; padding: 2px;">07/22/24</td> </tr> <tr> <td style="text-align: center; padding: 2px;">Date Accomplished</td> </tr> </table>		Signature (Sign inside the box)	07/22/24	Date Accomplished			
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Date/Place of Issuance: _____													
													
Signature (Sign inside the box)													
07/22/24													
Date Accomplished													
<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: 200px; height: 50px; margin: 10px auto;"></div> <p style="text-align: center;">Person Administering Oath</p>													



PHOTO



Right Thumbmark