

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	Cimafranca		
FIRST NAME	Lynette	NAME EXTENSION (JR., SR) N/A	
MIDDLE NAME	Cano		
3. DATE OF BIRTH (mm/dd/yyyy)	06/03/1980	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: Philippines
4. PLACE OF BIRTH	Baybay, 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	<div>House/Block/Lot No. Street San Isidro Subdivision/Village Barangay BAYBAY LEYTE City/Municipality Province 6521</div>
7. HEIGHT (m)	1.50	18. PERMANENT ADDRESS	
8. WEIGHT (kg)	56.00		
9. BLOOD TYPE	B+		
10. GSIS ID NO.	N/A		
11. PAG-IBIG ID NO.	N/A		
12. PHILHEALTH NO.	N/A	ZIP CODE	
13. SSS NO.	N/A	19. TELEPHONE NO.	(1
14. TIN NO.	N/A	20. MOBILE NO.	995-774-9453
15. AGENCY EMPLOYEE NO.	V00731	21. E-MAIL ADDRESS (if any)	lynette.cimafranca@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) N/A	KHEVIN C. CIMAFRANCA	01/31/2007
MIDDLE NAME	N/A		KHAYLE MARIE C. CIMAFRANCA	10/16/2015
OCCUPATION	N/A			
EMPLOYER/BUSINESS NAME	N/A			
BUSINESS ADDRESS	N/A			
TELEPHONE NO.	N/A			
24. FATHER'S SURNAME	CANO			
FIRST NAME	ORLANDO	NAME EXTENSION (JR., SR)		
MIDDLE NAME	CORPEZ			
25. MOTHER'S MAIDEN NAME	LOURDES PEREZ BANDALAN			
SURNAME	CANO			
FIRST NAME	LOURDES			
MIDDLE NAME	BANDALAN		(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	Franciscan College of Immaculate Conception	Elementary	1991	1993		1993	N/A
SECONDARY	Franciscan College of Immaculate Conception	High School	1993	1997		1997	N/A
VOCATIONAL/ TRADE COURSE	N/A						
COLLEGE	Visayas State University	Bachelor of Science in Food Technology	1998	2002		2002	N/A
GRADUATE STUDIES	Visayas State University	Master of Science in Food Science and Technology	2008	2011		2011	N/A
PLEASE SEE ATTACHMENT A							
(Continue on separate sheet if necessary)							
SIGNATURE			DATE		05/01/2024		

Attachment A

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			
	GRADUATE STUDIES	University of the Philippines-Los Banos	Doctor of Philosophy in Food Science	2013	2017		2017	
(Continue on separate sheet if necessary)								
SIGNATURE				DATE		05/01/2024		

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			
	Privacy Impact Assessment Seminar	10/23/2023	10/23/2023	4	Supervisory	"Visayas State University (VSU), Visca, Baybay City, Leyte "
	Seminar on Developing Food Value Chain through university and private sector partnership in ASEAN and Japan, KKR Hotel Tokyo, Japan	10/20/2023	10/20/2023	6	Supervisory	ASEAN and MAFF-Japan
	Advisory Committee Meeting on FVC and FSM under the Human Human Resourve Development Project in Food Related Areas Through Partnership Program with Universities in ASEAN Region (Phase 4) , Tokyo, Japan	10/16/2023	11/19/2023	32	Supervisory	ASEAN and MAFF-Japan
	20th PhilProFF Anniversary Assembly and Scientific Convention	10/12/2023	10/13/2023	20	Technical	Philippine Society for Probiotics and Functional Foods (PhilProFF)
	PhilProFF Pre-Convention Workshop Training on Hands-on Training on Molecular Techniques in Probiotic Research	10/10/2023	11/11/2023	16	Research	Applied Microbiology for Health and Environment Research Group (AMHERG) and the Philippine Society for Probiotics and Functional Foods (PhilProFF)
	Advisory Committee Meeting on Food Value Chain under the Human Resource Development Project in Food Related Areas through Partnership Program with Universities in ASEAN Region (Phase 3), Bali Indonesia	11/02/2022	11/03/2023	16	Supervisory	ASEAN and MAFF-Japan
	International Webinar and Workshop on Food Value Chain in the New Normal, Hybrid Mode	09/12/2022	09/16/2022	20	Technical	ASEAN, MAFF, VSU, DFST

(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)
	N/A		N/A		N/A

(Continue on separate sheet if necessary)

SIGNATURE		DATE	05/01/2024
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<div>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,</div> <div>a. within the third degree?</div> <div>b. within the fourth degree (for Local Government Unit - Career Employees)?</div>		<div><div><input type="checkbox"/>YES<input checked="" type="checkbox"/>NO</div><div><input type="checkbox"/>YES<input checked="" type="checkbox"/>NO</div></div> <div>If YES, give details:</div> <div></div>												
<div>35. a. Have you ever been found guilty of any administrative offense?</div> <div>b. Have you been criminally charged before any court?</div>		<div><div><input type="checkbox"/>YES<input checked="" type="checkbox"/>NO</div><div>If YES, give details:</div><div></div></div> <div><div><input type="checkbox"/>YES<input checked="" type="checkbox"/>NO</div><div>If YES, give details:</div><div>Date Filed: <div></div></div><div>Status of Case/s: <div></div></div></div>												
<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>		<div><div><input type="checkbox"/>YES<input checked="" type="checkbox"/>NO</div><div>If YES, give details:</div><div></div></div>												
<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>		<div><div><input type="checkbox"/>YES<input checked="" type="checkbox"/>NO</div><div>If YES, give details:</div><div></div></div>												
<div>38. a. Have you ever been a candidate in a national or local election held within the last year (except Barangay election)?</div> <div>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>		<div><div><input type="checkbox"/>YES<input checked="" type="checkbox"/>NO</div><div>If YES, give details:</div><div></div></div> <div><div><input type="checkbox"/>YES<input checked="" type="checkbox"/>NO</div><div>If YES, give details:</div><div></div></div>												
<div>39. Have you acquired the status of an immigrant or permanent resident of another country?</div>		<div><div><input type="checkbox"/>YES<input checked="" type="checkbox"/>NO</div><div>If YES, give details (country):</div><div></div></div>												
<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:</div> <div>a. Are you a member of any indigenous group?</div> <div>b. Are you a person with disability?</div> <div>c. Are you a solo parent?</div>		<div><div><input type="checkbox"/>YES<input checked="" type="checkbox"/>NO</div><div>If YES, please specify:</div><div></div></div> <div><div><input type="checkbox"/>YES<input checked="" type="checkbox"/>NO</div><div>If YES, please specify ID No</div><div></div></div> <div><div><input type="checkbox"/>YES<input checked="" type="checkbox"/>NO</div><div>If YES, please specify ID No</div><div></div></div>												
<div>41. REFERENCES (Person not related by consanguinity or affinity to applicant /appointee)</div> <table><thead><tr><th>NAME</th><th>ADDRESS</th><th>TEL. NO.</th></tr></thead><tbody><tr><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td></tr></tbody></table>			NAME	ADDRESS	TEL. NO.									
NAME	ADDRESS	TEL. NO.												
<div>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.</div>		<div><div><div>ID picture taken within the last 6 months 3.5 cm x 4.5 cm (passport size)</div><div>With full and handwritten name tag and signature over printed name</div><div>Computer generated or photocopied picture is not acceptable</div></div><div>PHOTO</div><div></div><div>Right Thumbmark</div></div>												
<div><div>Government Issued ID (i.e.Passport, GSIS, SSS, PRC, Driver's License, etc.) PLEASE INDICATE ID Number and Date of Issuance</div><div>Government Issued ID: N/A</div><div>ID/License/Passport No.: N/A</div><div>Date/Place of Issuance: N/A</div></div>	<div><div></div><div>Signature (Sign inside the box)</div><div>05/01/2024</div><div>Date Accomplished</div></div>													
<div>SUBSCRIBED AND SWORN to before me this _____, affiant exhibiting his/her validly issued government ID as indicated above.</div> <div></div> <div>Person Administering Oath</div>														