

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	Dautil		
FIRST NAME	Jane	NAME EXTENSION (JR., SR) N/A	
MIDDLE NAME	Pagalan		
3. DATE OF BIRTH (mm/dd/yyyy)	06/29/1992	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:
4. PLACE OF BIRTH	Brgy. Conalum, Inopacan, Leyte	If holder of dual citizenship, please indicate the details.	Philippines
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	29 Purok 1A House/Block/Lot No. Street Conalum Subdivision/Village Barangay INOPACAN LEYTE City/Municipality Province
7. HEIGHT (m)	1.52	ZIP CODE	6522
8. WEIGHT (kg)	60.00		
9. BLOOD TYPE	A+	18. PERMANENT ADDRESS	29 Purok 1A House/Block/Lot No. Street Conalum Subdivision/Village Barangay INOPACAN LEYTE City/Municipality Province
10. GSIS ID NO.	2005283396	ZIP CODE	6522
11. PAG-IBIG ID NO.	121225170686		
12. PHILHEALTH NO.	132020543640		
13. SSS NO.	N/A	19. TELEPHONE NO.	N/A
14. TIN NO.	499526066	20. MOBILE NO.	960-664-9496
15. AGENCY EMPLOYEE NO.	V01030	21. E-MAIL ADDRESS (if any)	jane.dautil@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	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	DAUTIL			
FIRST NAME	JUSTINIANO	NAME EXTENSION (JR., SR)		
MIDDLE NAME	MOSQUITO			
25. MOTHER'S MAIDEN NAME	VICTORIA VALENZONA PAGALAN			
SURNAME	DAUTIL			
FIRST NAME	VICTORIA			
MIDDLE NAME	PAGALAN		(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	Conalum Elementary School	Elementary	1999	2005		2005	N/A
SECONDARY	Conalum National High School	High School	2005	2009		2009	N/A
VOCATIONAL/ TRADE COURSE	N/A						
COLLEGE	Visayas State University	Doctor of Veterinary Medicine	2009	2016		2016	N/A
GRADUATE STUDIES	Institute of Tropical Medicine, Antwerp, Belgium	Master of Science in Tropical Animal Health	2020	2022		2022	N/A

(Continue on separate sheet if necessary)

SIGNATURE		DATE	01/15/2025
-----------	--	------	------------

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
	Veterinary Medicine Licensure Exam	76.00	08/23/2016	Manila	0009109	06/29/2025

(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						
04/22/2024	PRESENT	Instructor III	Visayas State University	35,434.00	14-1	Permanent	Y
01/01/2024	04/21/2024	Instructor I	Visayas State University	30,989.00	12-2	Permanent	Y
06/05/2023		Instructor I	Visayas State University	29,449.00	12-2	Permanent	Y
01/01/2023		Instructor I	Visayas State University	29,449.00	12-2	Temporary	Y
08/01/2022	07/31/2023	Instructor I	Visayas State University	27,892.00	12-2	Temporary	Y
01/01/2022		Instructor I	Visayas State University	27,892.00	12-2	Temporary	Y
01/01/2022		Instructor I	Visayas State University	27,892.00	12-2	Temporary	Y
08/01/2021	07/31/2022	Instructor I	Visayas State University	26,336.00	12-2	Temporary	Y
01/01/2021		Instructor I	Visayas State University	26,336.00	12-2	Temporary	Y
08/04/2020		Instructor I	Visayas State University	24,779.00	12-2	Temporary	Y
07/30/2020	08/03/2020	Instructor I	Visayas State University	24,495.00	12-1	Temporary	Y
01/01/2020	07/29/2020	Instructor I	Visayas State University	24,495.00	12-1	Temporary	Y
08/01/2019	12/31/2019	Instructor I	Visayas State University	22,938.00	12-1	Temporary	Y
01/01/2019		Instructor I	Visayas State University	22,938.00	12-1	Temporary	Y
08/01/2018	07/31/2019	Instructor I	Visayas State University	22,149.00	12-1	Temporary	Y
01/01/2018		Instructor I	Visayas State University	22,149.00	12-1	Temporary	Y
08/04/2017	12/31/2017	Instructor I	Visayas State University	21,387.00	12-1	Temporary	Y
05/01/2017	07/31/2017	Veterinarian	Vet Spot Animal Clinic	20,000.00	-	Temporary	N

(Continue on separate sheet if necessary)

SIGNATURE		DATE	01/15/2025
-----------	--	------	------------

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			
	Workshop on Clinical and Laboratory Diagnosis of Emerging Fungal Infections	12/02/2024	12/06/2024	24	Technical	Commission on Higher Education (CHED)
	Training on Animal Health Care	05/07/2024	05/07/2024	2	Technical	ATI VISCA
	28th Annual Philippine Animal Hospital Association (PAHA) Conference	08/30/2023	09/01/2023	24	Technical	Philippine Animal Hospital Association
	1st Eastern Visayas Companion Animal Conference	10/24/2022	10/24/2022	8	Technical	Philippine College of Canine Practitioners (PCCP)
	Veterinary Practitioners Association of the Philippines (VPAP): 50th Annual Scientific Conference	08/25/2022	08/26/2022	16	Technical	Veterinary Practitioners Association of the Philippines
	Philippine Veterinary Medical Association (PVMA) 2019	02/20/2019	02/22/2019	24	Technical	Philippine Veterinary Medical Association
	6th Philippine Marine Mammal Stranding Network (PMMSN) National Symposium 2018	10/04/2018	10/05/2018	16	Technical	Philippine Marine Mammal Stranding Network
	Veterinary Practitioners Association of the Philippines (VPAP): 46th Annual Scientific Conference	06/14/2018	06/15/2018	16	Technical	Veterinary Practitioners Association of the Philippines
	Philippine Veterinary Medical Association (PVMA) 2018	02/14/2018	02/16/2018	24	Technical	Philippine Veterinary Medical Association
	Veterinary Practitioners Association of the Philippines (VPAP): 45th Annual Scientific Conference	06/22/2017	06/23/2017	16	Technical	Veterinary Practitioners Association of the Philippines

(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)
	Driving two/four wheels vehicles		N/A		Veterinary Practitioners Association of the Philippines
	Animal Healthcare				Philippine Veterinary Medical Association
	Disease Diagnosis, Isolation and Management				
	Computer Literate (MS Word, Excel, PPT presentation)				

(Continue on separate sheet if necessary)

SIGNATURE		DATE	01/15/2025
-----------	--	------	------------

<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, a. within the third degree? 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>If YES, give details: _____</div></div>														
<div>35. a. Have you ever been found guilty of any administrative offense? 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><input type="checkbox"/> YES<input checked="" type="checkbox"/> NO</div><div>If YES, give details: Date Filed: _____ Status of Case/s: _____</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>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>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>			<div><div><input type="checkbox"/> YES<input checked="" type="checkbox"/> NO</div><div>If YES, give details: _____</div></div>														
			<div><div><input type="checkbox"/> YES<input checked="" type="checkbox"/> NO</div><div>If YES, give details: _____</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>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>			<div><div><div><input type="checkbox"/> YES<input checked="" type="checkbox"/> NO</div><div>If YES, please specify: _____</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><input type="checkbox"/> YES<input checked="" type="checkbox"/> NO</div><div>If YES, please specify ID No _____</div></div></div>														
<div>41. REFERENCES (Person not related by consanguinity or affinity to applicant /appointee)</div> <table><tr><th>NAME</th><th>ADDRESS</th><th>TEL. NO.</th></tr><tr><td>Lotis M. Balala</td><td>Visca, Baybay City, Leyte</td><td>09359680818</td></tr><tr><td>Eugene B. Lañada</td><td>Guadalupe, Baybay City, Leyte</td><td>09176341472</td></tr><tr><td>Santiago T. Peña</td><td>Visca, Baybay City, Leyte</td><td>09210601535</td></tr></table>						NAME	ADDRESS	TEL. NO.	Lotis M. Balala	Visca, Baybay City, Leyte	09359680818	Eugene B. Lañada	Guadalupe, Baybay City, Leyte	09176341472	Santiago T. Peña	Visca, Baybay City, Leyte	09210601535
NAME	ADDRESS	TEL. NO.															
Lotis M. Balala	Visca, Baybay City, Leyte	09359680818															
Eugene B. Lañada	Guadalupe, Baybay City, Leyte	09176341472															
Santiago T. Peña	Visca, Baybay City, Leyte	09210601535															
<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) With full and handwritten name tag and signature over printed name Computer generated or photocopied picture is not acceptable</div><div>PHOTO</div></div><div><div></div><div>Right Thumbmark</div></div></div>														
<div><div>Government Issued ID (i.e.Passport, GSIS, SSS, PRC, Driver's License, etc.) <i>PLEASE INDICATE ID Number and Date of Issuance</i> Government Issued ID: PRC ID/License/Passport No.: 0009109 Date/Place of Issuance: 09/23/2016 / PRC Tacloban</div></div>			<div><div></div><div>Signature (Sign inside the box) 01/15/2025 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><div>Person Administering Oath</div></div>																	