PERSONAL DATA SHEET

THE RESERVE THE PARTY OF THE PA	(and use separate sheet if necessary. Indicate I	N/A if not applicable. DO NOT ABBR	EVIATE.		1. CS ID No.		Do not fill up. Fo	r CSC use only)	
PERSONAL INFORMATIO									
2. SURNAME	COME				ls.	IAME EXTENSION (JR.,	SPI		
FIRST NAME	WARREN					IAME EXTENSION (JR.,	SK)		
MIDDLE NAME	DE VEYRA								
3. DATE OF BIRTH (mm/dd/yyyy)	11-11-1977	16. CITIZENSHIP		☐ Filipino ☐ Dual Citizenship					
		-			☑ by birth ☐ by naturalization				
4. PLACE OF BIRTH	TACLOBAN CITY	If holder of dual citizenship, please indicate the details.	If holder of dual citizenship,		Pls. indicate country:				
5. SEX					PHILIPPINES				
6 CIVIL STATUS	☐ Single ☐ Married ☐ Separated	17. RESIDENTIAL ADDRESS	APARTMENT 27 House/Block/Lot No.				KILBOURNE DRIVE Street		
	Other/s:	_		COMPOL division/Villa		PAI	NGASUGAN Barangay		
7. HEIGHT (m)	5'8	LANGE OF THERETS AND	В	BAYBAY Municipali		LEYTE Province			
8. WEIGHT (kg)	79	ZIP CODE	CII)	//www.iicipan		5521-A			
9. BLOOD TYPE	B+	18. PERMANENT ADDRESS		1351	4 T T ME	DEL ROSARIO ST			
0. GSIS ID NO.	2004325741	STAN ON	House	e/Block/Lot	No.	Street DISTRICT 8			
1. PAG-IBIG ID NO.	913218599534	6(19) 100 130		division/Villa		Barangay LEYTE			
			City	y/Municipali	ity		Province		
12. PHILHEALTH NO.	19-089892676-5	ZIP CODE			6516				
13. SSS NO.	06-2275532-2	19. TELEPHONE NO.	N		NONE				
4. TIN NO.	937-643-063	20. MOBILE NO.			099	94318308	318308		
5. AGENCY EMPLOYEE NO.	V00776	21. E-MAIL ADDRESS (if any)			warren.con	ne@vsu.edu.	ph		
I. FAMILY BACKGROUND									
22. SPOUSE'S SURNAME	SALES				rite full name and		DATE OF BIRT	H (mm/dd/yyyy)	
FIRST NAME	RENEZITA	NAME EXTENSION (JR., SR)	JOHNA LOUREN S. COI		4-0-2003		2005		
MIDDLE NAME	FERNANDEZ		JUAI		JANCHO EZEKIEL S. COME			4-8-2013	
OCCUPATION	ASSOCIATE PROFES	SSOR IV							
EMPLOYER/BUSINESS NAME	VISAYAS STATE UNIT	VERSITY							
BUSINESS ADDRESS	VISCA, BAYBAY CITY								
TELEPHONE NO.	053-5637552								
24. FATHER'S SURNAME	COME				-				
FIRST NAME	ALEJANDRO	NAME EXTENSION (JR., SR)							
MIDDLE NAME	BULIC							1	
25. MOTHER'S MAIDEN NAME	DE VEYRA								
SURNAME	COME							1	
FIRST NAME	LOURDES								
MIDDLE NAME	MONGE				(Continue on sej	parate sheet if neces	sary)		
III. EDUCATIONAL BACK	GROUND								
26. LEVEL	NAME OF SCHOOL (Write full)	BASIC EDUCATION/DEGREE/COUR (Write in ful		PERIOD (OF ATTENDANCE To	HIGHEST LEVEL/ UNITS EARNED (if not graduated)	YEAR GRADUATED	SCHOLARSHIP ACADEMIC HONORS RECEIVED	
ELEMENTARY	BURAUEN NORTH CENTRAL SCHOOL	ELEMENTARY		1984	1990	GRADUATED	1990	NONE	
SECONDARY	LEYTE NATIONAL HIGH SCHOOL	HIGH SCHOOL	A-150 (446)	1990	1994	GRADUATED	1994	NONE	
COLLEGE	LEYTE STATE UNIVERSITY	BACHELOR IN ANIMAL SCIENCE	E	1994	1998	GRADUATED	1998	NONE	
	VISAYAS STATE UNIVERSITY	DOCTOR OF VETERINARY MED	DICINE	1998	2003	GRADUATED	2003	NONE	
GRADUATE STUDIES	UNIVERSITY OF KASSEL, GERMANY	MASTERS IN INTERNATIONAL AGRICULTURE	ORGANIC	2008	2011	GRADUATED	2011	NONE	
	UNIVERSITY OF THE PHILIPPINES LOS BANOS	PHD IN ANIMAL SCIENCE		2016	PRESENT	ON-GOING	N/A	CHED	
		(Continue on separate sheet if necessar							
SIGNATURE	(10)			100	DATE	An -1	25. 2	- 17	

ERVICE ELIGIB	ILITY				4			4,
CES/ CSEE	BARANGAY	RATING (If Applicable)	DATE OF EXAMINATION /	PLACE OF EXA	ON / CONFERM	ENT		pplicable) •
ELIGIBILITY / DRIVER'S LICENSE (IT Applic		计量数据表示		AMAGA.				Validity
AT INSPECTOR L	LICENSURE EXAM	80.22%	AUGUST 19,2001	CEE	BU CITY		01-002539	0CT.19,2001
-					To a vitar of the			
X Vest 1 - 1 - 1				Wall R 91 45 4 1824				
					The same of			
			Continue as assessed about	Management				
EXPERIENCE			Continue on Separate Sheet	if necessary)				
rate employment.	Start from your recent wor	k) Description o	f duties should be indi	cated in the attached Wo	ork Experience s	Selection statement		GOV'T SERVICE
/E DATES (mm/dd/yy)			ot	(Write in	MONTHLY SALARY	GRADE (if applicable) & STEP	STATUS OF APPOINTMENT	
То			-			INCREMENT		(Y/N)
PRESENT	INSTRUCTOR II		+			SG 13-1		YES
-			+					YES
12-31-2013			_	NIMAL SCIENCE				YES
12-31-2006	TECHNICAL SERVICES R	REP.	GMC-GAFFII		Php 8,000	N/A	CONTRACTUAL	NO
4-30-2003	RESEARCH ASSISTANT		CVM-LSU-RITM		Php 8,000	N/A	CONTRACTUAL	NO
	1.90				Tarifful .			
					=131			
	1 1 1 1				or parity			
93.47%					TOTAL			
							107	
				2,512				
				7. 7. 7. 7. 7. 7. 7. 7. 7. 7. 7. 7. 7. 7				
1								
-		-	-			-		
1						-		
-					1917 1			
-								
1				2				
-	-							
-								
-								
-								
	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1				- , 3	915		
	Total Control		(Continue on separate shee	t if necessary)				
SNATURE		N.		DATE	100	il 25,	2-217	
	EXPERIENCE ate employment EDATES (mm/dd/yy) To PRESENT 12-31-2016 12-31-2006	EXPERIENCE To PRESENT INSTRUCTOR I I2-31-2016 INSTRUCTOR I	EXPERIENCE SECULATION STRUCTOR I 12-31-2016 12-31-2003 RESEARCH ASSISTANT RATING (MARSHANDAY) RESEARCH ASSISTANT RATING (MARSHANDAY) RATING (MA	EXPERIENCE EXPERIENCE EXPERIENCE EXPERIENCE EXPERIENCE EXPERIENCE EXPERIENCE EXPERIENCE To PRESENT NSTRUCTOR II PRESENT NSTRUCTOR II 12-31-2013 PART-TIME INSTRUCTOR 12-31-2006 EXPERIENCE EXPERIENCE EXPERIENCE TO RESEARCH ASSISTANT CVM-LSU-RITM EXPERIENCE Continue an asparable sheet EXPERIENCE AUGUST 19,2001 DEPARTMENT JOENCY (Wilde in full/Do not present DEPARTMENT OF A DEPARTMENT OF A 12-31-2013 PART-TIME INSTRUCTOR 12-31-2006 TECHNICAL SERVICES REP. GMC-GAFFII 4-30-2003 RESEARCH ASSISTANT CVM-LSU-RITM	RATING CONTINUE ON SEPARATION / CONFERMENT AT INSPECTOR LICENSURE EXAM RATING (If Applicable) (Continue on separate sheet if necessary) EXPERIENCE at e employment. Start from your recent work) Description of duties should be indicated in the attached Work (Write in full/Do not abbreviate) To Abbreviate) (Write in full/Do not abbreviate) DEPARTMENT / AGENCY / OFFICE / COMPANY (Write in full/Do not abbreviate) DEPARTMENT OF ANIMAL SCIENCE 12-31-2016 INSTRUCTOR I DEPARTMENT OF ANIMAL SCIENCE 12-31-2006 TECHNICAL SERVICES REP. GMC-GAFFII	SENCIES A 100 DOUBLE AND LONG EARTH	SENDED AN ORD GOOD PARKY NOTES SPECIAL PROPERTY OF A SENDER AND CONTRIBUTION OF A SENDER AND CONTRIBUTI	SOURCES AND CONTRACTOR EST DEC. SENTING PRACESSES TO SERVICE PRACE OF ENGLOSE NA COPENNENT TO SERVICE CONTRACTOR NA AUGUST 19,2001 CEBU CITY O14002338 CEBU CITY O140

. VOLUNTARY WORK OR INVOLVEMENT IN	CIVIC P V-GOVERNMENT /	AND DESCRIPTION OF THE PARTY OF		GANIZATIO		
NAME & ADDRESS OF ORGANIZATION (Write in full)		From	(mm/dd/vvvv)	NUMBER OF HOURS	estas, con en	POSITION / NATURE OF WORK
KFAM-GB			10-15-2015		COMPONENT	LEADER- LIVESTOCK
. LEARNING AND DEVELOPMENT (L&D) IN	NAME AND ADDRESS OF TAXABLE PARTY.	tinue on separate s OGRAMS ATT	THE OWNER OF TAXABLE PARTY.			
rt from the most recent L&D/training program and include	only the relevant L&D/training taken fo	The second name of the local division in the	ears for Division C	thief/Executive/Ma	nagerial positions;	
TITLE OF LEARNING AND DEVELOPMENT INTERVENTION (Write in fu	ONS/TRAINING PROGRAMS	ATTENDANCE (mm/dd/yyyy)		NUMBER OF HOURS	Supervisory/	CONDUCTED/ SPONSORED BY (Write in full)
		From	То		Technical/etc)	14.6.02325 #1 V2.
ining of Trainers on Climate Smart Livestock P ine and Ruminants	roduction and Management for	8-18-2015	8-20-2015	6	TECHNICAL	FOOD AND AGRICULTURE ORGANIZATION
C II Certification: Harnessing AEWs Capabilities on Animal Production		3-23-2015	3-28-2015	4	TECHNICAL	AGRICULTURAL TRAINING INSTITUTE- R8
aining on Goat Production and Management		11-13-2014	11-14-2014	6	TECHNICAL	FOOD AND AGRICULTURE ORGANIZATION
aining on Goat Production and Management		11-6-2014	11-7-2014	6	TECHNICAL	FOOD AND AGRICULTURE ORGANIZATION
	2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	15 (n m q C		0	il man and	
	Syptem of the second					
	1 82 6	F 1.00				
	100					
	resident in the second					
1 (A (A)			-			
		-	-	-		
		-	-	-		
			-	-		
	200	-	100000			4500 ST RESCUE N
						102000000000000000000000000000000000000
						404 5 3 2 2 3 3 3 3 3
	(Co	ontinue on separat	e sheet if necessa	ry)		
III. OTHER INFORMATION	32. NON-ACADEMIC DISTINCTIONS /	RECOGNITION		tt me recent		MEMBERSHIP IN ASSOCIATION/ORGANIZATION
31. SPECIAL SKILLS and HOBBIES	32.	10.3016.0	(Write in ful	1)	de de	in full)
ANIMAL PRODUCTION NC II-TESDA, DRIVING, CULINARY		PHILIPPINE SOCIETY OF ANIMAL SCIEN				
	1.1					
1		-				
		10/2 /				A CONTRACTOR OF THE PROPERTY O
			- 5.00			
140 PM		Continue on separa	ate sheet if necess	sary)		
SIGNATURE					DATE	April 25, 2017 CS FORM 212 (Revised 2017), Pag

₹ 2			^		
Are you related by consanguinity or affinity to chief of bureau or office or to the person who had multiple bureau or Department where you will be apppointed a. within the third degree? b. within the fourth degree (for Local Government Ur	· resemble	☐ YES ☑ ☐ YES ☑ If YES, give details:			
5, a. Have you ever been found guilty of any administra	ative offense?	☐ YES ☒ NO If YES, give details:			
b. Have you been criminally charged before any cou	irt?	☐ YES ☑ NO If YES, give details: Date Filed: Status of Case/s:			
Have you ever been convicted of any crime or violate by any court or tribunal?	☐ YES ☑ NO If YES, give details:				
Have you ever been separated from the service in a retirement, dropped from the rolls, dismissal, terminate out (abolition) in the public or private sector?	☐ YES ☑ NO If YES, give details:				
a. Have you ever been a candidate in a national or l Barangay election)?	☐ YES ☑ NO If YES, give details:				
b. Have you resigned from the government service election to promote/actively campaign for a national	☐ YES ☑ NO If YES, give details:				
Have you acquired the status of an immigrant or pe	☐ YES ☑ NO If YES, give details (country):				
Are you a person with disability? Are you a solo parent?		If YES, please specify: ☐ YES ☑ NO If YES, please specify ID No: ☐ YES ☑ NO If YES, please specify ID No:			
REFERENCES (Person not related by consanguinity or affinity to	o applicant /appointee)				
NAME	ADDRESS	TEL. NO.			
R. DINAH M. ESPINA	DAS,CAFS, VSU	NONE	(a.e.		
R. LOLITO C. BESTIL	DAS,CAFS, VSU	NONE	4		
R. EUGENE B. LANADA	CVM,VSU	NONE			
12. I declare under oath that I have personally acco- complete statement pursuant to the provisions of Philippines. I authorize the agency head/authorized agree that any misrepresentation made in the administrative/criminal case/s against me.	of pertinent laws, rules and regulations of the drepresentative to verify/validate the contents state	Republic of the ed herein.	PHOTO		
GOVERNMENT ISSUED ID (i.e. Passport, GSIS, SSS, PRC, Univer's License, e PLEASE INDICATE ID Number and Date of	(c)				
Government Issued ID: DRIVERS LICENSE					
D/License/Passport No.: H10-04-001790	Signature Sign inside the	pox)	A. A. S.		
Date/Place of Issuance: NOV. 13, 2015/ BAYBAY CITY	APRIL 25, 2017 Pate Accomplished		Right Thumbmark		
SUBSCRIBED AND SWORN to before me this	MAY 0 4 2017 , affiant exhibit	ng his/her validly issued governmen	t ID as indicated above.		
	ATTY. RYSAM C. GUINOCI				
	IBP 1030822 - LAUL OPEN CLEVE	1712717	CS EODM 940 (D-1-10017)		
	ROLL OF ATTORNEYS NO. 574	7/20/15	CS FORM 212 (Revised 2017), Pag		