CS Form No. 212
Revised 2017

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 ( ) ☐ 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	MENESES
FIRST NAME	RAZA CRECIA
NAME EXTENSION (JR., SR)	N/A
MIDDLE NAME	LASTRILLA
3. DATE OF BIRTH (mm/dd/yyyy)	4/8/1985
4. PLACE OF BIRTH	TACLOBAN CITY
5. SEX	☐ Male ☑ Female
6 CIVIL STATUS	☑ Single ☐ Married ☐ Widowed ☐ Separated ☐ Other/s:
7. HEIGHT (m)	1.9m
8. WEIGHT (kg)	71.8 kg
9. BLOOD TYPE	A+
10. GSIS ID NO.	0204108409
11. PAG-IBIG ID NO.	913248137213
12. PHILHEALTH NO.	13-000104527-0
13. SSS NO.	N/A
14. TIN NO.	412-359-360
15. AGENCY EMPLOYEE NO.	N/A

16. CITIZENSHIP	☑ Filipino ☐ Dual Citizenship ☐ by birth ☐ by naturalization
If holder of dual citizenship, please indicate the details.	Pls. indicate country:
17. RESIDENTIAL ADDRESS	ASEAN apartment / House/Block/Lot No.; Visca / Street; Visca / Subdivision/Village; Pangasugan / Barangay; Baybay City / City/Municipality; Leyte / Province
ZIP CODE	6521
18. PERMANENT ADDRESS	B27 L7 / House/Block/Lot No.; jupiter alley / Street; v&g subdivision / Subdivision/Village; 109-A / Barangay; tacloban city / City/Municipality; leyte / Province
ZIP CODE	6500
19. TELEPHONE NO.	NA
20. MOBILE NO.	09978673497
21. E-MAIL ADDRESS (if any)	razameneses@gmail.com

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	NA
MIDDLE NAME	NA			
OCCUPATION	NA			
EMPLOYER/BUSINESS NAME	NA			
BUSINESS ADDRESS	NA			
TELEPHONE NO.	NA			
24. FATHER'S SURNAME	MENESES			
FIRST NAME	NILO	NAME EXTENSION (JR., SR)		
MIDDLE NAME	PINGOL			
25. MOTHER'S MAIDEN NAME				
SURNAME	LASTRILLA			
FIRST NAME	FLORENTINA			
MIDDLE NAME	EVANGELISTA		(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 From	To	HIGHEST LEVEL/ UNITS EARNED (if not graduated)	YEAR GRADUATED	SCHOLARSHIP/ ACADEMIC HONORS RECEIVED
ELEMENTARY	ST. THERESE CHILD DEVELOPMENT CENTER	PRIMARY EDUCATION	1/5/1991	1/3/1998	Graduated	1998	WITH HONORS
SECONDARY	LEYTE NATIONAL HIGH SCHOOL	SECONDARY EDUCATION	1/3/1998	1/3/2002	Graduated	2002	SCIENCE ENTHUSIAST
VOCATIONAL / TRADE COURSE	SM COLEGIO DLEYTE, INC	HOUSEHOLD SERVICES NCII HEALTHCARE SERVICES NCII	1/6/2011	1/9/2011	Graduated	2011	N/A
COLLEGE	REMEDIOS TRINIDAD ROMUALDEZ MEDICAL FOUNDATION	BACHELOR OF SCIENCE IN NURSING	1/6/2002	1/5/2006	Graduated	2006	N/A
GRADUATE STUDIES	UNIVERSITY OF SAN CARLOS	MASTER OF ARTS IN NURSING MAJOR IN CLINICAL SUPERVISION	1/6/2011	1/3/2012	Graduated	2012	N/A

(Continue on separate sheet if necessary)

SIGNATURE		DATE	Oct. 10, 2022

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
NURSES' LICENSURE EXAMINATION	78.0	3/6/2006	CEBU CITY	0410666	4/8/2025

(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						
6/1/2019	PRESENT	ASSISTANT PROFESSOR I	VSU-COLLEGE OF NURSING	33500.00	SG 16	PERMANENT	Y
6/1/2019	1/1/2017	INSTRUCTOR III	VSU-COLLEGE OF NURSING	32000.00	SG 15	PERMANENT	Y
12/1/2019	1/1/2016	INSTRUCTOR I	VSU-COLLEGE OF NURSING	21000.00	SG 13	TEMPORARY	Y
1/1/2016	6/1/2017	DEAN	VSU-COLLEGE OF NURSING	23000.00	SG12	PERMANENT	Y
1/7/2006	1/1/2016	CLINICAL INSTRUCTOR	SM COLEGIO DE LEYTE	16000.00		PART TIME	N

(Continue on separate sheet if necessary)

SIGNATURE		DATE	Oct. 10, 2022

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		
CENTRAL PALO LADY EAGLES	1/1/2022	PRESENT		VICE PRESIDENT

(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			
ROLES OF NURSE PRACTITIONERS IN THE UNITED STATES OF AMERICA: ADVANCES IN EDUCATION, RACTICE AND REGULATION	01/17/2019	01/17/2019	8.0	TECHNICAL	SILLIMAN UNIVERSIY-COLLEGE OF NURSING
CONFLICT MANAGEMENT IN NURSING	6/6/2018	06//06/2018	8.0	SUPERVISORY	SILLIMAN UNIVERSIY-COLLEGE OF NURSING
A CLOSER LOOK INTO THE PHILIPPINES CLINICAL PRACTICE GUIDELINES FOR FILIPINO PATIENTS	02/17/2017	02/17/2017	8.0	TECHNICAL	PHILIPPINE COLLEGE OF PHYSICIAN-EASTERN VISAYAS CHAPTER

(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)
COMPUTER LITERATE	NA	RENAL NURSES ASSOCIATION
ARTISTIC		PHILIPPINE NURSES ASSOCIATION
EVENT ORGANIZER/PLANNER		MATERNAL AND CHILD NURSES ASSOCIATION
		OPERATING ROOM NURSES ASSOCIATION

(Continue on separate sheet if necessary)

SIGNATURE		DATE	Oct. 10, 2022

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 apppointed, 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?	☐ YES ☑ NO If YES, give details:
b. Have you been criminally charged before any court?	☐ 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: END OF CONTRACT
38. a. Have you ever been a candidate in a national or local election held within the last year (except Barangay election)?	☐ YES ☑ NO If YES, give details:
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:
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 items: 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: 083747135-000105 ☐ YES ☑ NO If YES, please specify ID No:

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

NAME	ADDRESS	TEL. NO.
JESUSA M. MAGNO	**VISCA BAYBAY CITY LEYTE**	**9351912182**
MARIAN BRILLO	**ABUYOG LEYTE**	**9054732962**
IRMA GACRCIA	**PALO LEYTE**	**9383528083**

RAZA CECIA L. MENESES

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:	**DRIVERS' LICENSE**
ID/License/Passport No.:	**H03-17-000127**
Date/Place of Issuance:	**ORMOC CITY/08/04/2021**

Signature (Sign inside the box)

Date Accomplished

Right Thumbmark

SUBSCRIBED AND SWORN to before me this 13 OCT 2022, affiant exhibiting his/her validly issued government ID as indicated above.

ATTY. RYSAN C. GUINOCOR
VSU Chief Legal Officer

Person Administering Oath

WORK EXPERIENCE SHEET

Instructions: ***1.*** *Include only the work experiences relevant to the position being applied to.*

2. The duration should include start and finish dates, if known, month in abbreviated form, if known, and year in full. For the current position, use the word Present, e.g., 1998-Present. Work experience should be listed from most recent first.

- Duration: JANUARY 2016 TO PRESENT
- Position: ASSISTANT PROFESSOR II
- Name of Office/Unit: VISAYASN STATE UNIVERSITY-COLLEGE OF NURSING
- Immediate Supervisor: JESUSA M. MAGNO
- Name of Agency/Organization and Location: VISAYAS STATE UNIVERSITY, VISCA BAYBAY CITY, LEYTE

- List of Accomplishments and Contributions (if any)

- Summary of Actual Duties

- As an Instructor:
  - ✓ Orienting student nurses about the philosophies and objectives of the Institution.
  - ✓ Orienting student to the different set up and other departments
  - ✓ Teaching and demonstrating all the basic principles of care to patients with medical and surgical conditions.
  - ✓ Implementing rules, protocols, policies and procedures while assigned by the Institution.
  - ✓ Evaluate output of the students.
  - ✓ Responsible in the teaching of nursing procedures, theories and concepts related to the nursing profession with focus on knowledge, skills and attitude.
  - ✓ Responsible in mentoring the students as specified in the nursing curriculum with definitions and application of nursing as a science, art and profession.
  - ✓ Guides students the students in their practice with the emphasis on 11 key areas of responsibilities and core competencies of nursing.
  - ✓ Trains students with the current trends of nursing care with focus in evidenced based nursing.
  - ✓ Serves as role model to the students

- As a Coordinator
  - ✓ Responsible in coordinating RLE activities with the respective level coordinator
  - ✓ Makes the master rotation plan
  - ✓ Monitors the performance of affiliate and part time instructors
  - ✓ Prepares the RLE computation fee

- ✓ Process payment of RLE to the different affiliating hospitals.
- ✓ Check the living condition of the student in the rented pension houses/hotels
- ✓ Monitors the students on RLE duty.
- ✓ Ensures on time submission of RLE grades of Instructors
- ✓ Compute the RL grades of the students.

- As a Level Chairperson
  - ✓ Responsible for the coordination of the activities with the RLE coordinator.
  - ✓ Responsible for monitoring the performance of the students
  - ✓ Conducts one on one consultation with students
  - ✓ Facilitate the academic needs of the students
  - ✓ Assigns topics to the instructors under the subject.
  - ✓ Monitors the flow of the different subjects

(Signature over Printed Name
of Employee/Applicant)

Date: 10/7/22