

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	PASCUAL		
FIRST NAME	RYAN BEVERLO	NAME EXTENSION (JR., SR) N/A	
MIDDLE NAME	VENTULA		
3. DATE OF BIRTH (mm/dd/yyyy)	11/13/1988	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	VSU, Visca, BAYBAY, 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 type="checkbox"/> Single <input checked="" type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Separated <input type="checkbox"/> Other/s:	17. RESIDENTIAL ADDRESS	PASCUAL HOUSE BED AND BREAKFAST BAYBAY-INOPACAN RD. House/Block/Lot No. Street BRGY. CANDADAM Subdivision/Village Barangay BAYBAY CITY LEYTE City/Municipality Province
7. HEIGHT (m)	1.71	ZIP CODE	6521
8. WEIGHT (kg)	67		
9. BLOOD TYPE	O+		
10. GSIS ID NO.	N/A		
11. PAG-IBIG ID NO.	121037744085	18. PERMANENT ADDRESS	PASCUAL HOUSE BED AND BREAKFAST BAYBAY-INOPACAN RD. House/Block/Lot No. Street BRGY. CANDADAM Subdivision/Village Barangay BAYBAY CITY LEYTE City/Municipality Province
12. PHILHEALTH NO.	120511228056	ZIP CODE	6521
13. SSS NO.	632537187	19. TELEPHONE NO.	560-3436
14. TIN NO.	283266794	20. MOBILE NO.	0915-019-4834
15. AGENCY EMPLOYEE NO.	N/A	21. E-MAIL ADDRESS (if any)	PASCUALRYANBEVERLO@GMAIL.COM

II. FAMILY BACKGROUND

22. SPOUSE'S SURNAME	SHARMAINE KIM A. PASCUAL		23. NAME OF CHILDREN (Write full name and list all)	DATE OF BIRTH (mm/dd/yyyy)
24. FATHER'S SURNAME	PASCUAL		LUCAS MATTEO A. PASCUAL	06/28/2017
FIRST NAME	BEVERLO	NAME EXTENSION (JR., SR)	LILLIANA MAREE A. PASCUAL	04/29/2021
MIDDLE NAME	PLENOS			
25. MOTHER'S MAIDEN NAME				
SURNAME	VENTULA			
FIRST NAME	VICENTA			
MIDDLE NAME	DIAZ			
(Continue on separate sheet if necessary)				

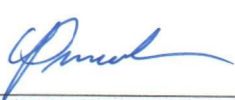
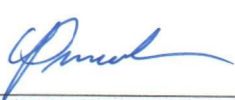
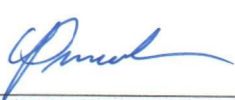












III. EDUCATIONAL BACKGROUND

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	VISCA FOUNDATION ELEMENTARY SCHOOL	BASIC EDUCATION	1995	2001	n/a	2001	PRINCIPALS LIST
SECONDARY	LEYTE STATE UNIVERSITY LABORATORY HIGH SCHOOL	SECONDARY EDUCATION	2001	2005	n/a	2005	WITH HONORS
COLLEGE	CEBU NORMAL UNIVERSITHY	BACHELOR OF SCIENCE IN NURSING	2005	2009	n/a	2009	WITH HONORS
GRADUATE STUDIES	N/A	N/A	N/A	N/A	n/a	N/A	n/a
GRADUATE STUDIES	N/A	N/A	N/A	N/A	n/a	N/A	

(Continue on separate sheet if necessary)

SIGNATURE		DATE	4/19/2023	CS FORM 212 (Revised 2017), Page 1 of 4
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[illegible]

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)?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If YES, give details: _____												
35. a. Have you ever been found guilty of any administrative offense? b. Have you been criminally charged before any court?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If YES, give details: _____ <input type="checkbox"/> YES <input checked="" type="checkbox"/> 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?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> 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?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If YES, give details: _____												
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?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If YES, give details: _____ <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If YES, give details: _____												
39. Have you acquired the status of an immigrant or permanent resident of another country?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> 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?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If YES, please specify: _____ <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If YES, please specify ID No: _____ <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If YES, please specify ID No: _____												
41. REFERENCES (Person not related by consanguinity or affinity to applicant /appointee)													
<table><thead><tr><th>NAME</th><th>ADDRESS</th><th>TEL. NO.</th></tr></thead><tbody><tr><td>SONIA CUTAMORA, RN</td><td>BAYBAY CITY</td><td>9268805822</td></tr><tr><td>RHEA JANE CIABU, CPM</td><td>BAYBAY CITY</td><td>9289195763</td></tr><tr><td>HON. FULTON IKE ARRADAZA, MD</td><td>BAYBAY CITY</td><td>9209104353</td></tr></tbody></table>		NAME	ADDRESS	TEL. NO.	SONIA CUTAMORA, RN	BAYBAY CITY	9268805822	RHEA JANE CIABU, CPM	BAYBAY CITY	9289195763	HON. FULTON IKE ARRADAZA, MD	BAYBAY CITY	9209104353
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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.													
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SUBSCRIBED AND SWORN to before me this 18 DEC 2023 affiant exhibiting his/her validly issued government ID as indicated above.													
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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:** 2011-2023
- **Position:**
(Apr.2023-Present) Nurse Educator/ Clinical Instructor
(2011-2012) Nurse Volunteer
- **Name of Office/Unit:**
(Apr.2023-Present) Visayas State University - College of Nursing
(2011-2012) Western Leyte Provincial Hospital
- **Immediate Supervisor:**
(Apr.2023-Present) Dr. Michelle C. Tolibas
- **Name of Agency/Organization and Location:**
(Apr.2023-Present) Visayas State University - College of Nursing, Baybay City, Leyte, 6521
- **List of Accomplishments and Contributions:**
(1) Complied with VSU's established standards of service delivery w/ an outstanding rating for the summary of individual ratings of faculty members w/ multiple functions.
(2) Facilitated a Learner Centered Environment and applied theories and psychologies in facilitating various teaching-learning delivery modes to enhance learning.
(3) Adopted principles and developed teaching strategies by designing outcomes-based course syllabi in adapting to the changing educational landscape.
(4) Designed and created learning lessons, teaching-learning experiences that utilize innovative technologies in various learning environment.
- **Summary of Actual Duties:**
(1) Apply knowledge of physical, social, natural and health sciences, and humanities in the practice of nursing Provide safe, appropriate and holistic care to individuals, families, population group and community utilizing nursing process

(2) Apply guidelines and principles of evidence-based practice in the delivery of care

(3) Practice nursing in accordance with existing laws, legal, ethical and moral principles

(4) Communicate effectively in speaking, writing and presenting using culturally appropriate language


(5) Document to include reporting up-to-date client care accurately and comprehensively

(6) Work effectively in collaboration with inter-, intra- and multidisciplinary and multi-cultural team

(7) Practice beginning management and leadership skills in the delivery of client care using a systems approach Conduct research with an experienced researcher

(8) Engage in lifelong learning with a passion to keep current with national and global developments in general, and nursing and health developments in particular

(9) Demonstrate responsible citizenship and pride of being a Filipino

 12/26/23
RYAN BEVERLO V. PASCUAL
(Signature over Printed Name
of Employee/Applicant)