

PERSONAL DATA SHEET

WARNING: Any misinterpretation 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	ACOB		
FIRST NAME	JOEL REY	NAME EXTENSION (JR., SR)	
MIDDLE NAME	UGSANG		
3. DATE OF BIRTH (mm/dd/yyyy)	5/15/1988	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	AURORA ISABELA	If holder of dual citizenship, please indicate the details.	
5. SEX	<input checked="" type="checkbox"/> Male <input type="checkbox"/> Female		
6. CIVIL STATUS	<input checked="" type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Other/s:		
7. HEIGHT (m)		17. RESIDENTIAL ADDRESS	House/Block/Lot No. Street WORLD VISION LINAO Subdivision/Village Barangay ORMOC LEYTE City/Municipality Province
8. WEIGHT (kg)	70 KGS	ZIP CODE	6541
9. BLOOD TYPE	O+	18. PERMANENT ADDRESS	House/Block/Lot No. Street WORLD VISION LINAO Subdivision/Village Barangay ORMOC LEYTE City/Municipality Province
10. GSIS ID NO.	0111-4317355-0	ZIP CODE	6541
11. PAG-IBIG ID NO.	1210-8372-5551	19. TELEPHONE NO.	
12. PHILHEALTH NO.	13-050125995-1	20. MOBILE NO.	0917-304-5312
13. SSS NO.	0631-460-394	21. E-MAIL ADDRESS (if any)	joel.acob@vsu.edu.ph
14. TIN NO.	412-316-457		
15. AGENCY EMPLOYEE NO.	V00965		

II. FAMILY BACKGROUND

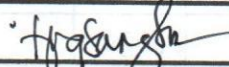
22. SPOUSE'S SURNAME	N/A		23. NAME of CHILDREN (Write full name and list all)	DATE OF BIRTH (mm/dd/yyyy)
FIRST NAME	NAME EXTENSION (JR., SR)		N/A	
MIDDLE NAME				
OCCUPATION				
EMPLOYER/BUSINESS NAME				
BUSINESS ADDRESS				
TELEPHONE NO.				
24. FATHER'S SURNAME	ACOB			
FIRST NAME	BONIFACIO	NAME EXTENSION (JR., SR)		
MIDDLE NAME	SOLANO			
25. MOTHER'S MAIDEN NAME	UGSANG			
SURNAME	LORENO			
FIRST NAME	JOCYLYN			
MIDDLE NAME	BATINGAL			

(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	CARIDA ELEMENTARY SCHOOL	BASIC EDUCATION	6/12/1994	3/27/2000	1ST HONOR	2000	
SECONDARY	DR. GERONIMO B. ZALDIVAR MEM SCH OF FISHERIES	SECONDARY EDUCATION	6/10/2000	4/12/2005	2ND HONOR	2005	
VOCATIONAL / TRADE COURSE							
COLLEGE	SAN LORENZO RUIZ COLLEGE	BACHELOR OF SCIENCE IN NURSING	6/9/2005	3/27/2009		2009	
GRADUATE STUDIES	SOUTHWESTERN UNIVERSITY	MA IN NURSING	5/13/2010	5/17/2011		2011	

(Continue on separate sheet if necessary)

SIGNATURE		DATE	05-30-2019	CS FORM 212 (Revised 2017), Page 1 of 4
-----------	---	------	------------	---

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
	NURSE LICENSURE EXAMINATION	79.0	NOV 6-7, 2010	TACLOBAN CITY	0611418	
	NC II IN HEALTH CARE SERVICES		5/4/2013	MAASIN CITY, SO. LEYTE		

(Continue on separate sheet if necessary)

V. WORK EXPERIENCE

[illegible]

(Continue on separate sheet if necessary)

VI. VOLUNTARY WORK OR INVOLVEMENT IN CIVIC / NON-GOVERNMENT / PEOPLE / VOLUNTARY ORGANIZATION

[illegible]

(Continue on separate sheet if necessary)

VII. LEARNING AND DEVELOPMENT (L&D) INTERVENTIONS/TRAINING PROGRAMS ATTENDED

[illegible]

(Continue on separate sheet if necessary)

VIII. OTHER INFORMATION

[illegible]

(Continue on separate sheet if necessary)

SIGNATURE		DATE	01-30-19	CS FORM 212 (Revised 2017), Page 3 of 4
-----------	---	------	----------	---

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)?

☐ YES☒ NO

☐ YES☒ 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?

☐ YES☒ NO

☐ YES☒ NO

If YES, give details:

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:

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?

☐ YES☒ NO

If YES, give details:

☐ 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:

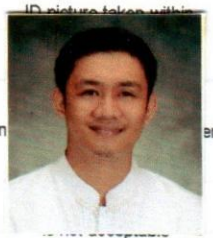
☐ YES☒ NO

If YES, please specify ID No:

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

NAME	ADDRESS	TEL. NO.
DR. JOSHUE ZURIEL TIEMPO	MACROHON SO. LEYTE	0917-881-0565
BISHOP DULCE PIA-ROSE	MAASIN CITY	0922-590-4678
PROF PERLA MALAZARTE	ORMOC CITY	0917-306-3544

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.

ID picture taken within

n
BF

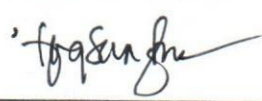
PHOTO

Government Issued ID (i.e. Passport, GSIS, SSS, PRC, Driver's License, etc.)
PLEASE INDICATE ID Number and Date of Issuance

Government Issued ID: PRC ID- 0611418


ID/License/Passport No.:

Date/Place of Issuance: TACLOBAN CITY

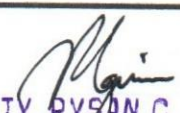


Signature (Sign inside the box)

Date Accomplished


Right Thumbmark

SUBSCRIBED AND SWORN to before me this FEB 12 2019, affiant exhibiting his/her validly issued government ID as indicated above.


ATTY. RYSAN C. GUINOCOR
VSUTELM OFFICER
Person Administering Oath

CS FORM 212 (Revised 2017). Page 4 of 4

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 23, 2017- present

Position: **Clinical Instructor/ RDE Coordinator/ College Secretary**

Office/ Unit: College of Nursing

Immediate Supervisor: Jesusa M. Magno

Name of Agency: Visayas State University , Baybay City, Leyte

Accomplishments and Distribution:

- Submitted research proposals both VSU funded and externally funded
- Conducted research studies
- Spearheaded CARES extension program as approved by the VSU Extension office.

Summary of Actual duties:

- responsible to aid other faculty within the unit in the crafting of research proposals
- prepares IEC material for training on extension-related projects
- prepares IMs to be used for classroom instruction
- assists to whatever administrative works as assigned by the Immediate supervisor

Duration: July 01, 2011- January 17, 2017

Position: **Clinical Instructor/ RDE Coordinator / Graduate School Faculty**

Office/ Unit: The College of Maasin

Immediate Supervisors: Mrs. Miraluna Caturan (College of Nursing)

Rev. Dr. Joshue Zuriel Tiempo (RDE and Graduate School)

Name of Agency: The College of Maasin, Maasin City, Southern Leyte

Accomplishments and Distribution:

- drafted the ERB guidelines and policies of the college
- Conducted research studies

Summary of Actual duties:

- responsible to aid other faculty within the unit in the crafting of research proposals
- prepares IMs to be used for classroom instruction
- assists to whatever administrative works as assigned by the Immediate supervisor
- assists graduate students in the development of theses

Duration: June 2015- May 2016

Position: **Head of the Student Affairs Office (SAO)**

Office/ Unit: The College of Maasin

Immediate Supervisors: Bishop Dulce Pia-Rose

Name of Agency: The College of Maasin, Maasin City, Southern Leyte

Accomplishments and Distribution:

- spearheaded the review of existing policies of the college concerning student services.

Summary of Actual duties:

- design programs tailored-fit for student development
- linking agencies on the placement of students for OJT and possible employment
- supervises student organizations/clubs

Duration: March 2012- June 2016

Position: **Chairperson, Board of Directors**

Office/ Unit: College of Maasin Faculty and Staff Multipurpose Cooperative (CMFSMPC)

Immediate Supervisor: The General Assembly of CMFSMPC

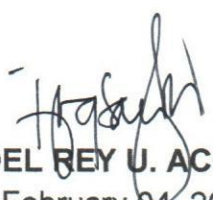
Name of Agency: College of Maasin Faculty and Staff Multipurpose Cooperative (CMFSMPC)
Maasin City, Southern Leyte

Accomplishments and Distribution:

- spearheaded the design of the 5-year strategic plan of the cooperative
- spearheaded the change of policies, ammendments of guidelines related to faculty and staff benefits

Summary of Actual duties:

- responsible in performing administrative and technical tasks
- responsible in presiding monthly meetings among the Board of Directors
- Responsible in presiding the Annual General Assembly and Ownship meeting of the Cooperative
- Spearheads in the preparation of annual accomplishment reports for Cooperative Development Authority (CDA)
- Attends meetings and make representations on the Annual Conventions for Cooperative at the National Level


JOEL REY U. ACOB
February 04, 2019