

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)	15.5.88	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:	17. RESIDENTIAL ADDRESS	House/Block/Lot No. Street WORLD VISION LINAO Subdivision/Village Barangay ORMOC LEYTE City/Municipality Province
7. HEIGHT (m)			
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		
11. PAG-IBIG ID NO.	1210-8372-5551		
12. PHILHEALTH NO.	13-050125995-1	ZIP CODE	6541
13. SSS NO.	0631-460-394	19. TELEPHONE NO.	N/A
14. TIN NO.	412-316-457	20. MOBILE NO.	0956-916-1146
15. AGENCY EMPLOYEE NO.	V00965	21. E-MAIL ADDRESS (if any)	joel.acob@vsu.edu.ph

II. FAMILY BACKGROUND

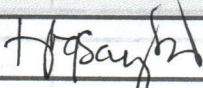
22. SPOUSE'S SURNAME	N/A		23. NAME of CHILDREN (Write full name and list all)	DATE OF BIRTH (mm/dd/yyyy)
FIRST NAME	NAME EXTENSION (JR., SR)		N/A	
MIDDLE NAME				
OCCUPATION				
EMPLOYER/BUSINESS NAME				
BUSINESS ADDRESS				
TELEPHONE NO.				
24. FATHER'S SURNAME	ACOB			
FIRST NAME	BONIFACIO	NAME EXTENSION (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	12.6.94	27.3.00	1ST HONOR	2000	N/A
SECONDARY	DR. GERONIMO B. ZALDIVAR MEM SCH OF FISHERIES	SECONDARY EDUCATION	10.6.00	12.4.05	2ND HONOR	2005	N/A
COLLEGE	SAN LORENZO RUIZ COLLEGE	BACHELOR OF SCIENCE IN NURSING	9.6.05	27.3.09	N/A	2009	N/A
GRADUATE STUDIES	SOUTHWESTERN UNIVERSITY	MA IN NURSING	13.5.10	17.5.11	N/A	2011	N/A
GRADUATE STUDIES	ST PAUL UNIVERSITY PHILIPPINES	DOCTOR OF SCIENCE IN NURSING	14.6.15	1.6.19	N/A	2019	N/A


(Continue on separate sheet if necessary)

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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	15.5.22
	NC II IN HEALTH CARE SERVICES		4.5.13	MAASIN CITY, SO. LEYTE		

V. WORK EXPERIENCE
(Include private employment. Start from your recent work) Description of duties should be indicated in the attached Work Experience sheet.

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1950

01-58-2020

[illegible]

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

20	TITLE OF LEARNING AND DEVELOPMENT INTERVENTION/PROGRAM	INCLUSIVE DATES OF ATTENDANCE		Type of LD	COUSANCE/SPONSORED BY

(Continue on separate sheet if necessary)

	NON-ACADEMIC DISTINCTIONS / RECOGNITION	MEMBERSHIP IN ASSOCIATION/ORGANIZATION
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(Continue on separate sheet if necessary)

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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

If YES, give details:

☐ 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:

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.

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
01-03-2020

Right Thumbmark

SUBSCRIBED AND SWORN to before me this **03 FEB 2020**, affiant exhibiting his/her validly issued government ID as indicated above.

ATTY. RYSA M. C. GUINOCOR

VSULETOR OFFICER

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