CS Form	Ne.	212
Revised 20	717	

PERSONAL DATA SHEET

WARNING: Any misinterpretation	on made in the Personal Data Sheet and the V	Nork Experience Sheet shall	cause the filir	ng of adminis	strative/crin	ninal case/s agair	st the person	concerned.
	TO FILLING OUT THE PERSONAL DATA SHE				1. CS ID No.	HAROLI ISAN	(Do not fill up E	or CSC use only)
I. PERSONAL INFORMATIO	(and use separate sheet if necessary. Indicate N	V/A if not applicable. DO NOT Al	BREVIATE.		1. CS 10 No.		(Do not iiii up. F	or CSC use only)
2. SURNAME	ACOB							
FIRST NAME	JOEL REY					NAME EXTENSION (JF	R., SR)	
MIDDLE NAME	UGSANG		i i					
3. DATE OF BIRTH	15.5.88	16. CITIZENSHIP	A war in the second of the second	✓ Filipin		Dual Citizenship		
(mm/dd/yyyy)				[∡] ∟iibii	110	by birth	by naturaliz	zation
4. PLACE OF BIRTH	AURORA ISABELA	If holder of dual citize	nship,			Pls. indicate c	ountry:	
5. SEX	✓ Male ☐ Female	please indicate the di	etails.					-
6 CIVIL STATUS	☑ Single ☐ Married	17. RESIDENTIAL ADDRESS		use/Block/Lot N			0	
	☐ Widowed ☐ Separated ☐ Other/s:		V	VORLD VISION		er de la constantidad de la cons	LINAO	CID/II - 6.
7. HEIGHT (m)	The State of the S	THE STATE OF STATE OF SALES	St	ubdivision/Village ORMOC	8		Barangay LEYTE	Tel 1
8, WEIGHT (kg)	70 KGS	7/0 0005		City/Municipality		0544	Province	
Section of the sectio	STATE OF THE STATE	ZIP CODE 18. PERMANENT ADDRESS		889	AN ERMIS	6541	(3 - O)	14.6.5
9. BLOOD TYPE	NISA	TO THE STATE OF TH		use/Block/Lot N			Street	
10. GSIS ID NO.	0111-4317355-0	VIDAYAS STATE UNIV		VORLD VISION ubdivision/Village		-	LINAO Barangay	
11. PAG-IBIG ID NO.	1210-8372-5551		ORMOC	City/Municipality			LEYTE Province	
12. PHILHEALTH NO.	13-050125995-1	ZIP CODE		6541			77041100	
13. SSS NO.	0631-460-394	19. TELEPHONE NO.			Salaha Jaharra S	N/A		
14. TIN NO.	412-316-457	20. MOBILE NO.		No 10-10-10-10-1	09	956-916-1146		
15. AGENCY EMPLOYEE NO.	V00965	21. E-MAIL ADDRESS (if any)		joel.acob@vsu.e			h	
II. FAMILY BACKGROUND								
22. SPOUSE'S SURNAME	N/A		23. NAME of Ch	HILDREN (Write	e full name and	d list all)	DATE OF BIRT	TH (mm/dd/yyyy)
FIRST NAME		NAME EXTENSION (JR., SR)			N/A			
MIDDLE NAME								
OCCUPATION	The second secon			To the second se		***		Was glassification of the contract
EMPLOYER/BUSINESS NAME								
BUSINESS ADDRESS								
TELEPHONE NO.					y			
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 separa			parate sheet if neces	sary)	
III. EDUCATIONAL BACKG	ROUND							
26. LEVEL	NAME OF SCHOOL	BASIC EDUCATION/DEGREE/COURSE (Write in full)		PERIOD OF ATTENDANCE From To		HIGHEST LEVEL/ UNITS EARNED (if not graduated)	YEAR GRADUATED	SCHOLARSHIP/ ACADEMIC
	(Write in full)							HONORS RECEIVED
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
SIGNATURE	1 Hosays	Continue on separate sheet if nece	Managa (-2010		CS FORM 21:	2 (Revised 2017)	Page 1 of 4

	SERVICE ELIGIBIL		victor decided at the same	DATE OF	of the production of the production			LICENSE (if a	pplicable
	SPECIAL LAWS/ BARANGAY ELIGIBILITY /	CES/ CSEE	RATING (If Applicable)	EXAMINATION / CONFERMENT	PLACE OF EXAMINATION / CONFERMENT		NUMBER 1	Date of Validity	
N	URSE LICENSURE E	XAMINATION	79.0	NOV 6-7, 2010	TACLOBAN CITY		0611418	15.5.22	
N	C II IN HEALTH CAR	E SERVICES	TIAN	4.5.13	MAASIN CITY, SO. LEYTE				
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WORK	(EXPERIENCE		(Col	ntinue on separate sheet	if necessary)				
nclude p	rivate employment.	Start from your recen	t work) Descriptio	n of duties should b	e indicated in the attach	ed Work Ex	Management of the last of the	t	
	CLUSIVE DATES (mm/dd/yyyy)	POSITION TI			NCY / OFFICE / COMPANY (Do not abbreviate)	MONTHLY SALARY	SALARY/ JOB/ PAY GRADE (if applicable)& STEP (Format "00-0")/	STATUS OF APPOINTMENT	GOV'T SERVICE
From	То				2 - 2 Saglido de La Carlo de La Carlo de Carlo d		INCREMENT		(Y/ N)
7.6.11	19.11.10	STAFF NU			TRICT HOSPITAL EGE OF MAASIN	6,000.00	5500 1	J.O.	YES
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CONTRACTOR C			(Co	ntinue on separate sheet DATE	ol- 58-2026			212 (Revised 2017),	

. VOLUNTARY WORK OR INVOLVEMEN	THE OTHER MORE GOVERNMENT			THE RESIDENCE		
NAME & ADDRESS OF (Write in			VE DATES dd/yyyy)	NUMBER OF HOURS	politik ggas r	POSITION / NATURE OF WORK
N/A CM			25000	ing and so-	ind memory	
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I. LEARNING AND DEVELOPMENT (L&		onlinue on separate PROGRAMS Al		rry)		
rt from the most recent L&D/training program and inc				Chief Executive Mana	gerial positions)	
). TITLE OF LEARNING AND DEVELOPMENT I	NTERVENTIONS/TRAINING PROGRAMS		E DATES OF NDANCE		Type of LD (Managerial/	CONDUCTED/ SPONSORED BY
(Write in		(rmm/	dd/yyyy)	NUMBER OF HOURS	Supervisory/ Technical/etc)	(Write in full)
RITING AND PUBLISHING IN HIGH IMPACT JOU	RNAL	11.1.18	12.1.18	16.0	TECHNICAL	VSU COLLEGE OF NURSING
TRAINING WORKSHOP IN PREPARATION FOR	LEVEL II AACCUP ACCREDITATION	18.1.18	19.1.18	16.0	TECHNICAL	VSU QAC OFFICE
CAPACITY ENHANCEMENT ON HEALTH RE	ESEARCH IN DISASTER: PHASE 1	13.2.18	14.2.18	16.0	TECHNICAL	PCHRD DOST
CAPACITY ENHANCEMENT ON HEALTH RE	ESEARCH IN DISASTER: PHASE 2	20.3.18	22.3.18	24.0	TECHNICAL	PCHRD DOST
WORKSHOP ON FRAMEWORK FO	OR HEALTH RESEARCH	23.4.18	24.4.18	16.0	TECHNICAL	PCHRD DOST
Was and in the contract of the	E YES, give details	1 100	U 465 HUU 16. 4	F H SUIE ST A STEE	Sq w sq	Title has to be one of the ted suppose up a pro-
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E.S. 7688.8	0922-590-4676	Y TIO W			3	BISHOP DULCE PIA-ROS
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	(0	ontinue on separat	e sheet if necess	ary)		pro fortists
III. OTHER INFORMATION						
31. SPECIAL SKILLS and HOBBIES	32. N	ION-ACADEMIC DIS		COGNITION	e na	33
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SIGNATURE	1498p		DATE	01-00	3-2020	CS FORM 212 (Revised 2017), Page 3

			~
34. Are you related by consanguinity or affinity to the appointing			1
chief of bureau or office or to the person who has immediate	supervision over you in the Office,	manufacture consistence, consistence, successful and experience of the consistence of the	1
Bureau or Department where you will be apppointed,	and the section of	Stores of the transfer of the store	
a. within the third degree?		YES V NO	
b. within the fourth degree (for Local Government Unit - Care	eer Employees)?	☐ YES ☑ NO	
		If YES, give details:	
		n 120, grio dotalo.	
5. a. Have you ever been found guilty of any administrative offe	ense?	YES NO	
		If YES, give details:	
h Hara van haan siminalla la harand hafaan aan 190		YES NO	
b. Have you been criminally charged before any court?		If YES, give details:	
		Date Filed:	
		Status of Case/s:	
Harry very area bear associated of any solve a social after of an			
6. Have you ever been convicted of any crime or violation of an any court or tribunal?	y law, decree, ordinance or regulation by	☐ YES ☑ NO	
any court of tribuliar:	en de la companya de	If YES, give details:	
7. Have you ever been separated from the service in any of the	following modes: resignation,	☐ YES ☑ NO	
retirement, dropped from the rolls, dismissal, termination, en		If YES, give details:	
(abolition) in the public or private sector?		Landada, Tontiki kita, yi Lunasi	H20011
8. a. Have you ever been a candidate in a national or local elec	tion held within the last year (except	YES V NO	1227
Barangay election)?		If YES, give details:	
h Have you registed from the second of the third the second of the s	a throa (2) month period before the last	AND MAINTAIN AND AND AND AND AND AND AND AND AND AN	
b. Have you resigned from the government service during the election to promote/actively campaign for a national or local of		☐ YES ☑ NO If YES, give details:	
		It I LO, give details.	
Have you acquired the status of an immigrant or permanent	resident of another country?	☐ YES ☑ NO	
		If YES, give details (country):	
0. Pursuant to: (a) Indigenous People's Act (RA 8371); (b) Mag			
7277); and (c) Solo Parents Welfare Act of 2000 (RA 8972),	please answer the following items:		
Are you a member of any indigenous group?		☐ YES ☑ NO	
		If YES, please specify:	
Are you a person with disability?		☐ YES ☑ NO	
		If YES, please specify ID No:	
Are you a solo parent?		☐ YES ☑ NO	
		If YES, please specify ID No:	
1. REFERENCES (Person not related by consanguinity or affinity to applicant /e	appointee)		
NAME	ADDRESS	TEL. NO.	-نطفنه
DR. JOSHUE ZURIEL TIEMPO	MACROHON SO. LEYTE	0917-881-0565	
BISHOP DULCE PIA-ROSE	MAASIN CITY	0922-590-4678	n
PROF PERLA MALAZARTE	ORMOC CITY	0917-306-3544	over
 I declare under oath that I have personally accomplished this statement pursuant to the provisions of pertinent laws, ru 			1
authorize the agency head / authorized representative to			
misrepresentation made in this document and its attachme			
against me.	The state of the s		May the state of the
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Government Issued ID (i.e. Passport, GSIS, SSS, PRC, Driver's License, etc.)	Committee of the second	well the same	
PLEASE INDICATE ID Number and Date of Issuance	102		
Government Issued ID: PRC ID- 0611418	THV		
ID/License/Passport No.:	Signatule (Sign inside the bo	x)	
Date/Place of Issuance: TACLOBAN CITY	6-03-762		7.
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SUBSCRIBED AND SWORN to before me this	FEB 2020 , affiant exhib	ting his/her validly issued government ID as indicated	ahovo
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