

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	CABELIN		
FIRST NAME	ROLANDO	JR	
MIDDLE NAME	SARASOLA		
3. DATE OF BIRTH (mm/dd/yyyy)	AUGUST 8, 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	QUEZON CITY, PHILIPPINES	If holder of dual citizenship, please indicate the details.	Philippines
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:		
7. HEIGHT (m)	1.68	17. RESIDENTIAL ADDRESS	LOT 9994-B-1 VENUS House/Block/Lot No. Street
8. WEIGHT (kg)	64.8	ZIP CODE	PAWING Subdivision/Village Barangay
9. BLOOD TYPE	B+		PALO LEYTE City/Municipality Province
10. GSIS ID NO.	2004878480		6501
11. PAG-IBIG ID NO.	913058118168		
12. PHILHEALTH NO.	13-025135060-5	18. PERMANENT ADDRESS	COR. JUAN LUNA AND ROXAS STREETS House/Block/Lot No. Street
13. SSS NO.	06-3091037-9	ZIP CODE	CAYARE Subdivision/Village Barangay
14. TIN NO.	406-750-179		SAN MIGUEL LEYTE City/Municipality Province
15. AGENCY EMPLOYEE NO.	16C080243		6518
		19. TELEPHONE NO.	053-3005031
		20. MOBILE NO.	+63 975 3994008
		21. E-MAIL ADDRESS (if any)	rolandcabelin@gmail.com

II. FAMILY BACKGROUND

22. SPOUSE'S SURNAME	ARGENIO-CABELIN		23. NAME of CHILDREN (Write full name and list all)	DATE OF BIRTH (mm/dd/yyyy)
FIRST NAME	KRISTEEN JOY	N/A	ROLANDO A. CABELIN III	11/24/2017
MIDDLE NAME	EULIN		RAFAEL PIERRE A. CABELIN	11/26/2019
OCCUPATION	PHYSICIAN			
EMPLOYER/BUSINESS NAME	EASTERN VISAYAS MEDICAL CENTER			
BUSINESS ADDRESS	TACLOBAN CITY			
TELEPHONE NO.	053-3005031			
24. FATHER'S SURNAME	CABELIN			
FIRST NAME	ROLANDO	N/A		
MIDDLE NAME	MARTIN			
25. MOTHER'S MAIDEN NAME				
SURNAME	SARASOLA			
FIRST NAME	MARIA LUISA			
MIDDLE NAME				

(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	ST. THERESA'S SCHOOL OF BAESA	PRIMARY EDUCATION	1995	2001	GRADUATED	2001	N/A
SECONDARY	HOLY INFANT COLLEGE	HIGH SCHOOL	2001	2005	GRADUATED	2005	N/A
VOCATIONAL / TRADE COURSE	N/A	N/A	N/A	N/A	N/A	N/A	N/A
COLLEGE	RTR MEDICAL FOUNDATION	BACHELOR OF SCIENCE IN NURSING	2005	2009	GRADUATED	2009	N/A
GRADUATE STUDIES	SAINT PAUL SCHOOL OF PROFESSIONAL STUDIES	JURIS DOCTOR PROGRAM	2019	PRESENT	138 UNITS	N/A	N/A

(Continue on separate sheet if necessary)

SIGNATURE		DATE	DECEMBER 14, 2023
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[illegible]

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

[illegible]

SIGNATURE		DATE	DECEMBER 14, 2023
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Penalty

DECEMBER 14, 2023

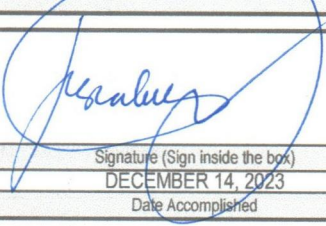

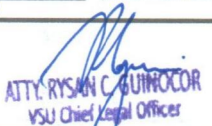
VI. VOLUNTARY WORK OR INVOLVEMENT IN CIVIC / NON-GOVERNMENT / PEOPLE / VOLUNTARY ORGANIZATION/S					
29.	NAME & ADDRESS OF ORGANIZATION (Write in full)	INCLUSIVE DATES (mm/dd/yyyy)		NUMBER OF HOURS	POSITION / NATURE OF WORK
		From	To		
	N/A	N/A	N/A	N/A	N/A

(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			
	JOINT BASIC INFORMATION COLLECTION & ANALYSIS SEMINAR	07/12/2021	7/16/2021	40	TECHNICAL	INTELLIGENCE TRAINING GROUP, DIRECTORATE FOR INTELLIGENCE, PNP
	INTEGRATED TRAINING PROGRAM FOR MANDATORY SEMINARS ON MORAL RECOVERY, HUMAN RIGHTS AND GENDER DEVELOPMENT	9/23/2019	9/30/2019	40	TECHNICAL	REGIONAL SPECIAL TRAINING UNIT 8, PNP
	1ST INTELLIGENCE ANALYSTS CONVENTION TRAINING	3/21/2018	3/23/2018	24	TECHNICAL	NATIONAL INTELLIGENCE COORDINATING AGENCY, QUEZON CITY
	BARANGAY INFORMATION NETWORK TRAINING	11/21/2018	11/22/2018	16	TECHNICAL	REGIONAL INTELLIGENCE DIVISION 8, PNP
	BASIC INTELLIGENCE SEMINAR	8/24/2017	8/25/2017	16	TECHNICAL	REGIONAL INTELLIGENCE DIVISION 8, PNP

(Continue on separate sheet if necessary)

VIII. OTHER INFORMATION			
31.	SPECIAL SKILLS and HOBBIES	32. NON-ACADEMIC DISTINCTIONS / RECOGNITION (Write in full)	MEMBERSHIP IN ASSOCIATION/ORGANIZATION (Write in full)
	DRIVING	18 PNP COMMENDATION MEDALS	PHILIPPINE NURSES ASSOCIATION
	SWIMMING	28 PNP EFFICIENCY MEDALS	ALTERNATIVE CHANNEL COORDINATING EMERGENCY SUPPORT SERVICES-5
	READING BOOKS	1 MEDALYA NG PAGTULONG SA NASALANTA	RTR MEDICAL FOUNDATION ALUMNI ASSOCIATION
		1 MEDALYA NG PAGKILALA	NON UNIFORMED PERSONNEL ASSOCIATION, INC.
		8 LETTERS OF COMMENDATIONS	HOLY INFANT COLLEGE ALUMNI ASSOCIATION
(Continue on separate sheet if necessary)			
SIGNATURE		DATE	DECEMBER 14, 2023

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 checked="" type="checkbox"/> YES <input type="checkbox"/> NO If YES, give details: <u>RESIGNATION/END OF TERM</u>	
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)		
NAME	ADDRESS	TEL. NO.
RET. HON. JUSTICE VICENTE S.E. VELOSO III	SAN MIGUEL, LEYTE	0945-4856169
PCOL TED V. PREJULA	TACLOBAN CITY	0917-6254442
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: PRC LICENSE ID/License/Passport No.: 0616408 Date/Place of Issuance: 3/31/2010 QUEZON CITY	<div> Signature (Sign inside the box) DECEMBER 14, 2023 Date Accomplished</div> <div> Right Thumbmark</div>	
SUBSCRIBED AND SWORN to before me this 18 DEC 2023 , affiant exhibiting his/her validly issued government ID as indicated above.		
<div> ATTY. RYSAN C. GUINOCOR VSU Chief Legal Officer Person Administering Oath</div>		



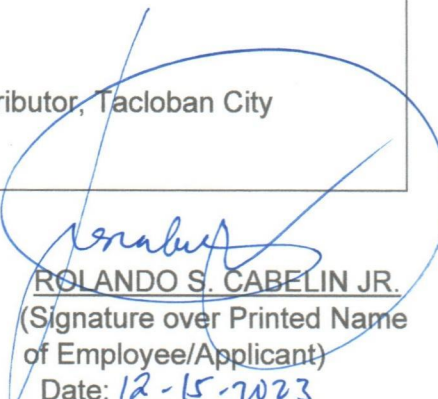
ROLANDO S. CABELIN



Right Thumbmark

WORK EXPERIENCE SHEET

- Duration: February 1, 2023- December 31, 2023
 - Position: Instructor 1
 - Name of Office/Unit: College of Nursing
 - Immediate Supervisor: Dr. Michelle C. Tolibas, RM, RN, MAN
 - Name of Agency/Organization and Location: Visayas State University Pangasugan Baybay City, Leyte
 - Summary of Actual Duties
 - Responsible for teaching in the classroom, lab and clinical settings. Maintains current clinical competency and knowledge of current evidence in the literature required to teach in the classroom and clinical setting assigned. Ensures that all students have completed compliance requirements for the assigned clinical site. Provide timely feedback to students on their classroom/ clinical course progress.
- Duration: May 25, 2015 – January 31, 2023
 - Position: Administrative Assistant I
 - Name of Office/Unit: Regional Intelligence Division
 - Immediate Supervisor: PCOL REYNANTE E. ARIZA
 - Name of Agency/Organization and Location: Philippine National Police Regional Office VIII, Camp Kangleon, Palo, Leyte
 - Summary of Actual Duties
 - Assist in the preparation and formulation of Intelligence and Information.
- Duration: February 7, 2013 – May 24, 2015
 - Position: Professional Medical Representative
 - Name of Office/Unit: Terramedic, Inc
 - Immediate Supervisor: Crescilda B. Faraon
 - Name of Agency/Organization and Location: Terramedic, Inc., San Pedro, Laguna
 - Summary of Actual Duties
 - Promotion and Sales of Medical products
- Duration: June 15, 2011– December 31, 2012
 - Position: Staff Nurse
 - Name of Office/Unit: Nursing Department
 - Immediate Supervisor: Teresita V. Beringuer
 - Name of Agency/Organization and Location: Eastern Visayas Medical Center, Tacloban City
 - Summary of Actual Duties
 - Delivery of nursing care to clients in the Emergency Room.
- Duration: April 1, 2010 – June 5, 2011
 - Position: Professional Medical Representative
 - Name of Office/Unit: GesMed Pharma, Distributor
 - Immediate Supervisor: Gerardo C. Calceta
 - Name of Agency/Organization and Location: GESMED Pharma Distributor, Tacloban City
 - Summary of Actual Duties
 - Promotion and sales of medical products.


ROLANDO S. CABELIN JR.
(Signature over Printed Name
of Employee/Applicant)
Date: 12-15-2023