

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	CAVITE		
FIRST NAME	FRANCE ALLAN	NAME EXTENSION (JR., SR) N/A	
MIDDLE NAME	MOLATO		
3. DATE OF BIRTH (mm/dd/yyyy)	FEBRUARY 08, 1991	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	HINDANG, 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 checked="" type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Separated <input type="checkbox"/> Other/s:	17. RESIDENTIAL ADDRESS	350 NATIONAL HIGHWAY House/Block/Lot No. Street N/A BONTOC Subdivision/Village Barangay HINDANG LEYTE City/Municipality Province 6523
7. HEIGHT (m)	5'6"	18. PERMANENT ADDRESS	350 NATIONAL HIGHWAY House/Block/Lot No. Street N/A BONTOC Subdivision/Village Barangay HINDANG LEYTE City/Municipality Province 6523
8. WEIGHT (kg)	60kg		ZIP CODE
9. BLOOD TYPE	O+	19. TELEPHONE NO.	N/A
10. GSIS ID NO.	2005554663		20. MOBILE NO.
11. PAG-IBIG ID NO.	121111437524	21. E-MAIL ADDRESS (if any)	
12. PHILHEALTH NO.	02-025959438-4		ZIP CODE
13. SSS NO.	N/A	21. E-MAIL ADDRESS (if any)	
14. TIN NO.	430-651-128		21. E-MAIL ADDRESS (if any)
15. AGENCY EMPLOYEE NO.	V01130	21. E-MAIL ADDRESS (if any)	

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	N/A	NAME EXTENSION (JR., SR)	N/A	N/A
MIDDLE NAME	N/A		N/A	N/A
OCCUPATION	N/A		N/A	N/A
EMPLOYER/BUSINESS NAME	N/A		N/A	N/A
BUSINESS ADDRESS	N/A		N/A	N/A
TELEPHONE NO.	N/A		N/A	N/A
24. FATHER'S SURNAME	CAVITE		N/A	N/A
FIRST NAME	JOSELIN	NAME EXTENSION (JR., SR) SR	N/A	N/A
MIDDLE NAME	ASIS		N/A	N/A
25. MOTHER'S MAIDEN NAME	IMELDA ABAYHON MOLATO		N/A	N/A
SURNAME	CAVITE		N/A	N/A
FIRST NAME	IMELDA		N/A	N/A
MIDDLE NAME	MOLATO		(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	BONTOC ELEMENTARY SCHOOL	BASIC ELEMNETARY EDUCATION	1997	2003		2003	HONORABLE MENTION
SECONDARY	BONTOC NATIONAL HIGH SCHOOL	BASIC SECONDARY EDUCATION	2003	2007		2007	2ND HONORABLE MENTION
VOCATIONAL / TRADE COURSE	VISAYAS STATE UNIVERSITY	CERTIFICATE IN HEALTHCARE SERVICES	2007	2008		2008	
COLLEGE	VISAYAS STATE UNIVERSITY	BACHELOR OF SCIENCE IN NURSING	2007	2011		2011	
GRADUATE STUDIES	DONA REMEDIOS TRINIDAD ROMUALDEZ MEDICAL FOUNDATION	MASTER OF ARTS IN NURSING	2016	2018		2018	

SIGNATURE		DATE	1-09-2020
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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	1/09/2020
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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)		POSITION / NATURE OF WORK
		From	To	
	MOTHER AND CHILD NURSES ASSOCIATION OF THE PHILIPPINES	JANUARY 01, 2019	DECEMBER 12, 2019	MEMBER
	PHILIPPINE NURSES ASSOCIATION, INC	JANUARY 01, 2019	DECEMBER 12, 2019	MEMBER
	PHILIPPINE RED CROSS (PREMIER BRONZE MEMBER)	OCT. 1, 2017	October 01, 2018	MEMBER

(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			
	Electrocardiogram (ECG) Course	SEPT 24, 2014		8 HRS	Technical	American Heart Association
	Professional Regulation Commission Seminar 2011: Board Requirements for Nurses Licensure Examination (NLE)	SEPT 6, 2011		8HRS	Technical	VISAYAS STATE UNIVERSITY COLLEGE OF NURSING
	Forum on Adolescents' Sexuality and Reproductive Health	AUG 8, 2011		8HRS	Technical	VISAYAS STATE UNIVERSITY
	Seminar on Ethico-Moral Principles	MAR 8, 2011		8HRS	Technical	VISAYAS STATE UNIVERSITY COLLEGE OF NURSING
	ORNAP Update: Professionalism in the Workplace	MAY 28, 2010		6HRS	Technical	Operating Room Nurses Association of the Philippines, Inc. Cebu Chapter and Vicente Sotto Memorial Medical Center
	ORNAP Update: Quality Improvement towards Perioperative Technique	MAR 5, 2010		8HRS	Technical	Operating Room Nurses Association of the Philippines, Inc. Leyte Chapter
	Basic Life Support- CPR Training for Health Care Provider	APR 26, 2010	APR 27, 2010	16HRS	Technical	Department of Health, Health Emergency and Management Staff
	Symposium on Core Competency Standards and Nurse Licensure Examination Test Framework	APR 3, 2011		8HRS	Technical	Association of Deans of Philippine Colleges of Nursing, Inc. (ADPCN)
	Seminar in Biotechnology	FEB 10, 2011		5HRS	Technical	Department of Biological Sciences, VSU College of Arts and Sciences
	Newborn Screening: Saving Babies from Mental Retardation and Death	NOV. 5, 2010		4HRS	Technical	Visayas State University College of Nursing
	Maternal and Child Health Care: Immunization and Breastfeeding	NOV 4, 2010		4HRS	Technical	Visayas State University College of Nursing
	Basic Life Support-CPR for Health Care Providers	MAY 16, 2008	MAY 17, 2008	16HRS	Technical	PHILIPPINE RED CROSS, ORMOC CITY CHAPTER
	First Aid Training- Standard	MAY 12, 2008	MAY 15, 2008	32HRS	Technical	PHILIPPINE RED CROSS, ORMOC CITY CHAPTER

(Continue on separate sheet if necessary)

VIII. OTHER INFORMATION

31.	SPECIAL SKILLS and HOBBIES	32.	NON-ACADEMIC DISTINCTIONS / RECOGNITION (Write in full)	33.	MEMBERSHIP IN ASSOCIATION/ORGANIZATION (Write in full)
	Dancing		N/A		VSU Alumni Association
	Caring				Philippine Nurses Association
	Reading History Books				
	Online Scrolling				

(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)

[illegible]

SIGNATURE

DATE _____

1/29/2020

(Continue on separate sheet if necessary)

VII. LEARNING AND DEVELOPMENT (L&D) INTERVENTIONS/TRAINING PROGRAMS ATTENDED	
1. Name of the Program	
2. Description of the Program	
3. Date Attended	
4. Location	
5. Duration	
6. Facilitator(s)	
7. Topics Covered	
8. Key Takeaways	
9. Action Items	
10. Other Comments	

[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)?

☐ 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:
RESIGNATION AT ORMOC DOCTORS' HOSPITAL

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.
LYNN L. DE VEYRA	RTRMF, Tacloban City	0922-801-7039
ELOISE NOREEN A. SALES	ORMOC DOCTORS' HOSPITAL	0927-327-1987
ARIANNE A. ENECIO	SAN LORENZO RUIZ COLLEGE OF ORMOC CITY	0917-200-9374

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.




FRANCE ALLAN M. CAVITE

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-

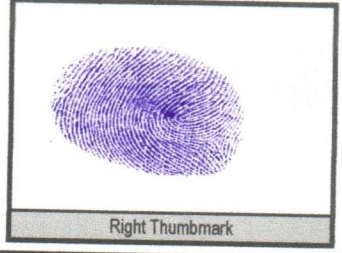
ID/License/Passport No.: 0752856

Date/Place of Issuance: TACLOBAN CITY



Signature (Sign inside the box)
1-9-2020

Date Accomplished



Right Thumbmark

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

ATTY. RUSAN A. GUINOCOR

VSULEGAL COUNSEL

Person Administering Oath

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