

CS Form No. 212
Revised 2017

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: Philippines
4. PLACE OF BIRTH	QUEZON CITY, PHILIPPINES	If holder of dual citizenship, please indicate the details.	
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 Subdivision/Village Barangay PALO LEYTE City/Municipality Province
8. WEIGHT (kg)	66	ZIP CODE	6501
9. BLOOD TYPE	B+	18. PERMANENT ADDRESS	COR. JUAN LUNA AND ROXAS STREETS House/Block/Lot No. Street CAYARE Subdivision/Village Barangay SAN MIGUEL LEYTE City/Municipality Province
10. GSIS ID NO.	2004878480	ZIP CODE	6518
11. PAG-IBIG ID NO.	913058118168	19. TELEPHONE NO.	053-3005031
12. PHILHEALTH NO.	13-025135060-5	20. MOBILE NO.	+63 975 3994008
13. SSS NO.	06-3091037-9	21. E-MAIL ADDRESS (if any)	rolando.cabelin@vsu@edu.ph
14. TIN NO.	406-750-179		
15. AGENCY EMPLOYEE NO.	16C080243		

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	2024	GRADUATED	2024	N/A
(Continue on separate sheet if necessary)							
SIGNATURE			DATE				

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IV. CIVIL SERVICE ELIGIBILITY

[illegible]

(Continue on separate sheet if necessary)

V. WORK EXPERIENCE

[illegible]

(Continue on separate sheet if necessary)

Perabue

11/28/2024

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	11/28/2024

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/END OF TERM

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.
RET. HON. JUSTICE VICENTE S.E. VELOSO III	SAN MIGUEL, LEYTE	0945-4856169
PCOL TED V. PREJULA	TACLOBAN CITY	0917-6254442
Jesusa M. Mariano, RN, MAN	CANLUNAN, LEYTE	09562648625

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.



CABALIN, ROLANDO JR. S.




Right Thumbmark

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



Signature (Sign inside the box)

11/28/2024

Date Accomplished

SUBSCRIBED AND SWORN to before me this 13 DEC 2024, affiant exhibiting his/her validly issued government ID as indicated above.

ATTY. JYSAN L. GUINOCOR
YSU Chief Legal Officer

Person Administering Oath

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: FEBRUARY 1, 2023 – DECEMBER 31, 2024
- Position: INSTRUCTOR I
- Name of Office/Unit: COLLEGE OF NURSING
- Immediate Supervisor: MR. CHRISTIAN VIE P. BALDONADO, RN, MAN, LPT
- Name of Agency/Organization and Location: VISAYAS STATE UNIVERSITY, BAYBAY CITY, LEYTE

- Summary of Actual Duties

Conducts lectures in the classroom and facilitates student nurses in the hospital, teaching them the knowledge, skills and attitude that are vital in preparing them to be globally competent and value-oriented licensed nurses.

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 with the requirements for the assigned clinical site and provide timely feedback to students on their classroom and clinical course progress.

- Duration: MAY 25, 2015 – JANUARY 31, 2023
- Position: ADMINISTRATIVE ASSISTANT I
- Name of Office/Unit: REGIONAL INTELLIGENCE DIVISION
- Immediate Supervisor: PCOL REYDANTE E. ARIZA
- Name of Agency/Organization and Location: PHILIPPINE NATIONAL POLICE, POLICE REGIONAL OFFICE VIII, PALO, LEYTE

- List of Accomplishments and Contributions

Eighteen (18) Commendation Medals

Twenty-eight (28) Efficiency Medals

One (1) Medalya ng Pagtulong sa Nasalanta

One (1) Medalya ng Pagkilala

Eight (8) Letters of Commendation

- Summary of Actual Duties

Confidential.

- Duration: FEBRUARY 7, 2013 – MAY 24, 2015
- Position: PROFESSIONAL MEDICAL REPRESENTATIVE
- Name of Office/Unit: VIS III, TERRAMEDIC
- Immediate Supervisor: CRESILDA B. FARAON
- Name of Agency/Organization and Location: TERRAMEDIC INC, LAGUNA

- Summary of Actual Duties

Promotion of medication products to doctors and pharmacies.

- Duration: JUNE 15, 2011 – DECEMBER 31, 2012
- Position: STAFF NURSE
- Name of Office/Unit: EMERGENCY ROOM
- Immediate Supervisor: TERESITA V. BERINGUER
- Name of Agency/Organization and Location: EASTERN VISAYAS MEDICAL CENTER

- Summary of Actual Duties

Renders nursing duty in the hospital emergency room.

- Duration: APRIL 1, 2010 – JUNE 5, 2011
- Position: PROFESSIONAL MEDICAL REPRESENTATIVE
- Name of Office/Unit: VERHEILLEN DIVISION
- Immediate Supervisor: ESTER O. CALCETA
- Name of Agency/Organization and Location: GESMED PHARMA DISTRIBUTOR

- Summary of Actual Duties

Promotion of medication products to doctors and pharmacies.


ROLANDO S. CABELIN JR.

(Signature over Printed Name
of Employee/Applicant)

Date: 11/28/2024