

## 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	DAIZ		
FIRST NAME	DEVIANNE JANE		NAME EXTENSION (JR., SR) NA
MIDDLE NAME	ESMAS		
3. DATE OF BIRTH (mm/dd/yyyy)	1/19/1989	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	PALOMPON, LEYTE	If holder of dual citizenship, please indicate the details.	
5. SEX	<input type="checkbox"/> Male <input checked="" 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:	17. RESIDENTIAL ADDRESS	House/Block/Lot No. Street SAN JUAN Subdivision/Village Barangay PALOMPON LEYTE City/Municipality Province 6538
7. HEIGHT (m)	1.57	18. PERMANENT ADDRESS	House/Block/Lot No. Street SAN JUAN Subdivision/Village Barangay PALOMPON LEYTE City/Municipality Province 6538
8. WEIGHT (kg)	52	ZIP CODE	6538
9. BLOOD TYPE	O+	19. TELEPHONE NO.	NA
10. GSIS ID NO.	NA	20. MOBILE NO.	09339406502
11. PAG-IBIG ID NO.	1210-0439-2820	21. E-MAIL ADDRESS (if any)	deviannejane.daiz@vsu.edu.ph
12. PHILHEALTH NO.	12-050801583-1		
13. SSS NO.	06-2891483-7		
14. TIN NO.	274-568-498-000		
15. AGENCY EMPLOYEE NO.			

## II. FAMILY BACKGROUND

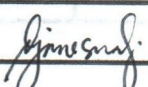
22. SPOUSE'S SURNAME	DAIZ		23. NAME of CHILDREN (Write full name and list all)	DATE OF BIRTH (mm/dd/yyyy)
FIRST NAME	VISCONDE	NAME EXTENSION (JR., SR) NA	VANIA ISABELLA E. DAIZ	2/7/2013
MIDDLE NAME	BULADO			
OCCUPATION	SAFETY OFFICER			
EMPLOYER/BUSINESS NAME	EQUIPMENT TECHNICAL SERVICES AND MANUFACTURING CORP.			
BUSINESS ADDRESS	N. BACALSO AVENUE CEBU CITY			
TELEPHONE NO.	(032) 262-5847			
24. FATHER'S SURNAME	NA			
FIRST NAME	NA	NAME EXTENSION (JR., SR) NA		
MIDDLE NAME	NA			
25. MOTHER'S MAIDEN NAME				
SURNAME	ESMAS			
FIRST NAME	JENNIFER			
MIDDLE NAME	OMEGA			

(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	SAN JUAN ELEMENTARY SCHOOL	BASIC EDUCATION	JUNE, 1994	MARCH, 2000	NA	2000	VALEDICTORIAN
SECONDARY	NORTHERN LEYTE COLLEGE	SECONDARY EDUCATION	JUNE, 2000	MARCH, 2004	NA	2004	VALEDICTORIAN
VOCATIONAL / TRADE COURSE	NA	NA	NA	NA	NA	NA	NA
COLLEGE	VELEZ COLLEGE	BACHELOR OF SCIENCE IN NURSING	JUNE, 2004	MARCH, 2008	NA	2008	VNAA SCHOLAR
GRADUATE STUDIES	CEBU NORMAL UNIVERSITY	MASTER IN NURSING MAJOR IN MENTAL HEALTH AND PSYCHIATRIC NURSING	NOV, 2009	MARCH, 2012	NA	2012	NA

(Continue on separate sheet if necessary)

SIGNATURE		DATE	1/30/19
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#### IV. CIVIL SERVICE ELIGIBILITY

[illegible]

(Continue on separate sheet if necessary)

## V. WORK EXPERIENCE

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

[illegible]

(Continue on separate sheet if necessary)

SIGNATURE	<i>[Signature]</i>	DATE	1/30/19
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## VL VOLUNTARY WORK OR INVOLVEMENT IN CIVIC / NON-GOVERNMENT / PEOPLE / VOLUNTARY ORGANIZATION/S

[illegible]

(Continue on separate sheet if necessary)

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

[illegible]

(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	NA	PHILIPPINE NURSES ASSOCIATION
PLAYING VOLLEYBALL		VELEZ NURSES ALUMNI ASSOCIATION
BAKING		WORLDWIDE MARRIAGE ENCOUNTER

(Continue on separate sheet if necessary)

SIGNATURE	<i>[Signature]</i>	DATE	1/30/19
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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:

RESIGNATION

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.
ANNE CAROLINE G. MENDEZ	EL DORADO SUBDIVISION BANILAD, CEBU CITY	9328734330
DR. JOHNNY J. YAO, JR.	F. RAMOS STREET CEBU CITY	9227033938
JESSICA L. DICIDCAN	DECCA HOMES TALISAY CITY, CEBU	9158915022

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

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

ID/License/Passport No.: 0507751

Date/Place of Issuance: 9/12/2008, CEBU CITY

Signature (Sign inside the box)

1/30/19

Date Accomplished

SUBSCRIBED AND SWORN to before me this FEB 06 2019, affiant exhibiting his/her validly issued government ID as indicated above.

ATTY. RYSAN C. GUINOCOR

VS

LEGAL OFFICER

Person Administering Oath

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**WORK EXPERIENCE SHEET**

**Instructions:** 1. Include only the work experiences relevant to the position being applied for.

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 starting with the most recent/present employment

- Duration: December 8, 2009 – December 31, 2018
  - Position: Clinical Instructor
  - Name of Office/Unit: College of Nursing
  - Immediate Supervisor: Dr. Ma. Carol R. Kangleon, RN, MN, DScN
  - Name of Agency/Organization and Location: Velez College / Cebu City
  - List of Accomplishments and Contributions (if any)
    - Developed OBE syllabus and course outline
    - Made revisions on skills laboratory manual
    - Member of the Curriculum and Instructions Committee during the PAASCU Level III Accreditation
    - Actively participated in research activities and rendered community services
  - Summary of Actual Duties
    - Responsible for handling and facilitating students in the classroom, skills laboratory and related learning experiences in the clinical and community setting.
    - Responsible for designing and developing syllabus, course outline, examinations and instructional programs for students.
- 
- Duration: June 1, 2016 – May 31, 2018
  - Position: Academic Coordinator
  - Name of Office/Unit: College of Nursing
  - Immediate Supervisor: Dr. Ma. Carol R. Kangleon, RN, MN, DScN
  - Name of Agency/Organization and Location: Velez College / Cebu City
  - List of Accomplishments and Contributions (if any)
    - Developed OBE syllabus and course outline
  - Summary of Actual Duties
    - Responsible for creating class schedules, assigning workload of the instructors, as well as checking of course syllabus, outlines and examinations.
    - Responsible for ensuring quality instructions and materials needed by the instructors and the students.
    - Responsible for conducting classroom evaluation and instructor's performance per semester.
    - Responsible for coordinating with the other school units for any academic concerns.



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- Duration: June 1, 2015 – May 31, 2016
- Position: RLE Coordinator
- Name of Office/Unit: College of Nursing
- Immediate Supervisor: Dr. Ma. Carol R. Kangleon, RN, MN, DScN
- Name of Agency/Organization and Location: Velez College / Cebu City

- List of Accomplishments and Contributions (if any)

- Revised the RLE Manual (Steppingstones)
- Revised the RLE Instructional Program

- Summary of Actual Duties

- Responsible for creating schedule of the student's related learning experience in the clinical and community setting.
- Responsible for facilitating and the renewal of Memorandum of Agreements with the hospitals and community where the college is affiliated.
- Responsible for ensuring compliance with the PRC requirements regarding OR and DR cases.
- Responsible for ensuring compliance of the required number of hours of the Related Learning Experiences.

- Duration: September 9, 2009 – December 7, 2009
- Position: Nurse Trainee
- Name of Office/Unit: Nursing Service
- Immediate Supervisor: Mrs. Wivina Nazareno, RN
- Name of Agency/Organization and Location: Cebu Velez General Hospital/ Cebu City

- List of Accomplishments and Contributions (if any)

- Summary of Actual Duties

- Promotes and restores patients' health by completing the nursing process.
- Collaborates with physicians and multidisciplinary team members.
- Provides physical and psychological support to patients and significant others.

DEJANNE JANE E. DAIZ  
(Signature over Printed Name  
of Employee/Applicant)

Date: 2/04/19