

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

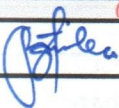
2. SURNAME	PATILLA		
FIRST NAME	GIDEON LOUIE		NAME EXTENSION (JR., SR) N/A
MIDDLE NAME	CUIZON		
3. DATE OF BIRTH (mm/dd/yyyy)	19/12/1986	16. CITIZENSHIP	<input checked="" type="checkbox"/> Filipino <input type="checkbox"/> Dual Citizenship <input type="checkbox"/> by birth <input type="checkbox"/> by naturalization Pls. indicate country:
4. PLACE OF BIRTH	PILAR, CEBU	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:	17. RESIDENTIAL ADDRESS	Block 2, Lot 15 VLT-D House/Block/Lot No. Street VILLALEYSON BACAYAN Subdivision/Village Barangay CEBU CITY CEBU City/Municipality Province ZIP CODE 6000
7. HEIGHT (m)	1.75	18. PERMANENT ADDRESS	NONE NONE House/Block/Lot No. Street PUROK ROSE VILLAHERMOSA Subdivision/Village Barangay PILAR CEBU City/Municipality Province ZIP CODE 6048
8. WEIGHT (kg)	75		
9. BLOOD TYPE	O +	19. TELEPHONE NO.	NONE
10. GSIS ID NO.	2004633229	20. MOBILE NO.	09302071580
11. PAG-IBIG ID NO.	1210-1651-1146	21. E-MAIL ADDRESS (if any)	gideonlouiepatilla@gmail.com
12. PHILHEALTH NO.	12-000102633-5		
13. SSS NO.	06-2781830-3		
14. TIN NO.	310-803-439		
15. AGENCY EMPLOYEE NO.	4795236		

II. FAMILY BACKGROUND

22. SPOUSE'S SURNAME	PATILLA		23. NAME of CHILDREN (Write full name and list all)	DATE OF BIRTH (mm/dd/yyyy)
FIRST NAME	RICHEL ANN	NAME EXTENSION (JR., SR) N/A	GADDIEL G. PATILLA	07/24/2013
MIDDLE NAME	GELLA		GABRIEL G. PATILLA	06/24/2015
OCCUPATION	TEACHING		GIANE EIAEL G. PATILLA	03/03/2020
EMPLOYER/BUSINESS NAME	PILAR NATIONAL HIGH SCHOOL			
BUSINESS ADDRESS	VILLAHERMOSA, PILAR, CEBU			
CELPHONE NO.	09512681619			
24. FATHER'S SURNAME	PATILLA			
FIRST NAME	ROMEO	NAME EXTENSION (JR., SR) N/A		
MIDDLE NAME	DEMAYA			
25. MOTHER'S MAIDEN NAME				
SURNAME	CUIZON			
FIRST NAME	MARILYN			
MIDDLE NAME	PERICANO		(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	
			From	To			
ELEMENTARY	PILAR CENTRAL SCHOOL	PRIMARY EDUCATION	1993	1999	GRADUATED	1999	SALUTATORIAN
SECONDARY	LEYTE STATE UNIVERSITY LABORATORY HIGH SCHOOL	HIGH SCHOOL	1999	2003	GRADUATED	2003	NONE
COLLEGE	UNIVERISTY OF CEBU - BANILAD CAMPUS	BACHELOR OF SCIENCE IN NURSING	2003	2007	GRADUATED	2007	NONE
COLLEGE	CEBU TECHNOLOGICAL UNIVERSITY - SAN FRANCISCO CAMPUS	UNITS IN EDUCATION	2011	2012	21 UNITS	2012	N/A
GRADUATE STUDIES	PALOMPON INSTITUTE OF TECHNOLOGY	MASTER OF ARTS IN EDUCATION MAJOR IN SCIENCE	2021	2022	36 UNITS		

SIGNATURE		DATE	January 9, 2023
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IV. CIVIL SERVICE ELIGIBILITY


27.	CAREER SERVICE/ RA 1080 (BOARD/ BAR) UNDER SPECIAL LAWS/ CES/ CSEE BARANGAY ELIGIBILITY / DRIVER'S LICENSE	RATING (If Applicable)	DATE OF EXAMINATION / CONFERMENT	PLACE OF EXAMINATION / CONFERMENT	LICENSE (if applicable)	
					NUMBER	Date of Validity
	PHILIPPINE NURSING LICENSURE EXAM	81.4	06/01/2007	CEBU CITY, CEBU	0449155	19/12/2019
	LICENSURE EXAMINATION FOR TEACHERS	82.0	28/10/2013	CEBU CITY, CEBU	1280311	20/12/2020

(Continue on separate sheet if necessary)

V. WORK EXPERIENCE

[illegible]

(Continue on separate sheet if necessary)

SIGNATURE		DATE	January 9, 2023	
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29.	NAME & ADDRESS OF ORGANIZATION (Write in full)	INCLUSIVE DATES (mm/dd/yyyy)		NUMBER OF HOURS	POSITION / NATURE OF WORK
		From	To		
	RICARDO L. MANINGO MEMORIAL HOSPITAL	04/16/2010	06/30/2010	400	NURSE VOLUNTEER
	PILAR RURAL HEALTH UNIT	07/01/2007	31/12/2007	800	NURSE VOLUNTEER

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

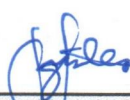


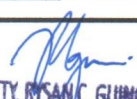
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VIII. OTHER INFORMATION

[illegible]

SIGNATURE		DATE	January 9, 2023
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January 9, 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)?		<div><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</div> <div><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</div> <div>If YES, give details: _____</div>												
35. a. Have you ever been found guilty of any administrative offense? b. Have you been criminally charged before any court?		<div><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</div> <div>If YES, give details: _____</div> <div><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</div> <div>If YES, give details: Date Filed: _____ Status of Case/s: _____</div>												
36. Have you ever been convicted of any crime or violation of any law, decree, ordinance or regulation by any court or tribunal?		<div><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</div> <div>If YES, give details: _____</div>												
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?		<div><input checked="" type="checkbox"/> YES <input type="checkbox"/> NO</div> <div>If YES, give details: RESIGNATION DUE TO TRANSFER IN DEPED</div>												
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?		<div><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</div> <div>If YES, give details: _____</div> <div><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</div> <div>If YES, give details: _____</div>												
39. Have you acquired the status of an immigrant or permanent resident of another country?		<div><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</div> <div>If YES, give details (country): _____</div>												
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?		<div><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</div> <div>If YES, please specify: _____</div> <div><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</div> <div>If YES, please specify ID No: _____</div> <div><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</div> <div>If YES, please specify ID No: _____</div>												
41. REFERENCES (Person not related by consanguinity or affinity to applicant /appointee)														
<table><tr><td>NAME</td><td>ADDRESS</td><td>TEL. NO.</td></tr><tr><td>JOHN PAUL GONZALES, MD</td><td>GENERAL SANTOS CITY</td><td>09173125653</td></tr><tr><td>MARIBETH P. AVILA, Chief Nurse</td><td>UNION, SAN FRANCISCO, CEBU</td><td>09812929849</td></tr><tr><td>MICKEL CANOY, RN</td><td>CEBU CITY, CEBU</td><td>09096419515</td></tr></table>			NAME	ADDRESS	TEL. NO.	JOHN PAUL GONZALES, MD	GENERAL SANTOS CITY	09173125653	MARIBETH P. AVILA, Chief Nurse	UNION, SAN FRANCISCO, CEBU	09812929849	MICKEL CANOY, RN	CEBU CITY, CEBU	09096419515
NAME	ADDRESS	TEL. NO.												
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MARIBETH P. AVILA, Chief Nurse	UNION, SAN FRANCISCO, CEBU	09812929849												
MICKEL CANOY, RN	CEBU CITY, CEBU	09096419515												
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														
42. 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.														
<div>Government Issued ID (i.e.Passport, GSIS, SSS, PRC, Driver's License, etc.) PLEASE INDICATE ID Number and Date of Issuance</div> <div>Government Issued ID: PROFESSIONAL REGULATION COMMISSION</div> <div>ID/License/Passport No.: 0449155</div> <div>Date/Place of Issuance: 11/08/2007 - CEBU CITY, CEBU</div>	<div></div> <div>Signature (Sign inside the box)</div> <div>January 9, 2023</div> <div>Date Accomplished</div>	<div></div> <div>PATILLA GIDEON LOUIE C.</div> <div></div> <div>Right Thumbmark</div>												
SUBSCRIBED AND SWORN to before me this _____, affiant exhibiting his/her validly issued government ID as indicated above.														
<div></div> <div>ATTY. RYSAN C. GUINOCOR VSU Chief Legal Officer</div> <div>Person Administering Oath</div>														

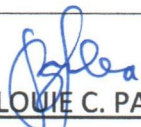
WORK EXPERIENCE SHEET

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 the most recent first.

- Duration: 2014-Present
- Position: Teacher 1
- Name of Office/Unit: Pilar National High School
- Immediate Supervisor: Amefel S. Fernandez
- Name of Agency/Organization and Location: Pilar District, Cebu Province Division, Cebu City
- List of Accomplishments and Contributions (if any)
 - Outstanding Performance in RPMS EVALUATION for School Year 2021-2022
- Summary of Actual Duties
 - Serve as Triage Nurse at the entrance gate for COVID-19 Health Protocol
 - Designated as District FAT Coordinator and School Clinic Teacher
 - Apply basic first aid to injured learners
 - Monitor the health status of colleagues in the workplace
 - Ensure delivery of quality basic education
 - Prepare Daily Lesson Plans and deliver lecture-discussion, initiate student discipline, and classroom management, conduct remediation, and attend a faculty meeting

- Duration: 02/15/2012 - 28/10/2014
- Position: Nurse 1 (Job Order)
- Name of Office/Unit: Ricardo L. Maningo Memorial Hospital
- Immediate Supervisor: Maribeth P. Avila
- Name of Agency/Organization and Location: Cebu Provincial Health Office, Capitol Compound Cebu City
- List of Accomplishments and Contributions (if any)
- Summary of Actual Duties
 - Attends and performs procedures concerning patient's needs for physician's visits and performing everyday body care needs, administering nursing emergency procedures and medication needs.
 - Observe and evaluate the patient for any sign that might indicate the onset of complications (elevation of temperature, blood pressure, bed sores, etc.
 - Provide adequate, psychological support for the patient.


GIDEON LOUIE C. PATILLA
(Signature over Printed Name
of Employee/Applicant)

Date: 01/09/23