

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 (☐ d 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	MENESES		
FIRST NAME	RAZA CRECIA	NAME EXTENSION (JR, SR) NA	
MIDDLE NAME	LASTRILLA		
3. DATE OF BIRTH (mm/dd/yyyy)	08/04/1985	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	TACLOBAN CITY	if holder of dual citizenship, please indicate the details.	
5. SEX	<input type="checkbox"/> Male <input checked="" type="checkbox"/> Female		
6. CIVIL STATUS	<input checked="" type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Other/s:	17. RESIDENTIAL ADDRESS	BLOCK 27 LOT 7 JUPITER ALLEY House/Block/Lot No. Street PHASE 2B V&G SUBDIVISION Subdivision/Village Barangay TACLOBAN CITY LEYTE City/Municipality Province
7. HEIGHT (m)	1.35	ZIP CODE	6500
8. WEIGHT (kg)	69 KGS	18. PERMANENT ADDRESS	BLOCK 27 LOT 7 JUPITER ALLEY House/Block/Lot No. Street PHASE 2B V&G SUBDIVISION Subdivision/Village Barangay TACLOBAN CITY LEYTE City/Municipality Province
9. BLOOD TYPE	A	ZIP CODE	6500
10. GSIS ID NO.	0204108409	19. TELEPHONE NO.	NA
11. PAG-IBIG ID NO.	913248137213	20. MOBILE NO.	09052884213
12. PHILHEALTH NO.	1350-0104-5270	21. E-MAIL ADDRESS (if any)	razameneses@gmail.com
13. SSS NO.	NA		
14. TIN NO.	412-359-360		
15. AGENCY EMPLOYEE NO.	V00724		

II. FAMILY BACKGROUND

22. SPOUSE'S SURNAME	NA		23. NAME of CHILDREN (Write full name and list all)	DATE OF BIRTH (mm/dd/yyyy)
FIRST NAME	NA	NAME EXTENSION (JR, SR)	NA	NA
MIDDLE NAME	NA			
OCCUPATION	NA			
EMPLOYER/BUSINESS NAME	NA			
BUSINESS ADDRESS	NA			
TELEPHONE NO.	NA			
24. FATHER'S SURNAME	MENESES			
FIRST NAME	NILO	NAME EXTENSION (JR, SR)		
MIDDLE NAME	PINGOL			
25. MOTHER'S MAIDEN NAME				
SURNAME	LASTRILLA			
FIRST NAME	FLORENTINA			
MIDDLE NAME	EVANGELISTA			

(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. THERESE CHILD DEVELOPMENT CENTER	PRIMARY EDUCATION	Jun-92	Mar-98	Graduated	1998	WITH HONORS
SECONDARY	LEYTE NATIONAL HIGHSCHOOL	SECONDARY EDUCATION	Jun-98	Mar-02	Graduated	2002	SCIENCE ENTHUSIAST
VOCATIONAL / TRADE COURSE	SM COLEGO DE LEYTE, INC	HEALTH CARE SERVICES	Jun-10	Nov-10	Graduated	2010	NA
COLLEGE	REMEDIOS TRINIDAD ROMUALDEZ MEDICAL FOUNDATION	BACHELOR OF SCIENCE IN NURSING	Jun-02	Mar-06	Graduated	2006	NA
GRADUATE STUDIES	UNIVERSITY OF SAN CARLOS	MASTER OF ARTS IN NURSING MAJOR IN CLINICAL SUPERVISION	Jun-10	Mar-11	Graduated	2011	NA

(Continue on separate sheet if necessary)

SIGNATURE

DATE

11/15/2019

29.	NAME & ADDRESS OF ORGANIZATION (Write in full)	INCLUSIVE DATES (mm/dd/yyyy)		NUMBER OF HOURS	POSITION / NATURE OF WORK
		From	To		
	OUR LADY OF THE MIRACUOUS MEDAL LECTORS GUILD	01/08/2008	12/0/2010		LECTOR
	ST. ROCH PARISH MEDICAL MISSION TEAM				MEDICAL TEAM COORDINATOR

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

[illegible]

(Continue on separate sheet if necessary)

VIII. OTHER INFORMATION

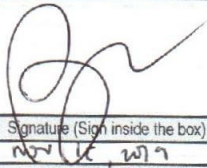

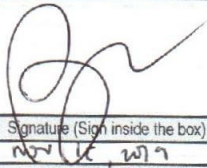

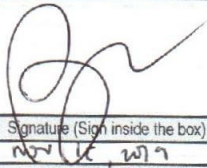

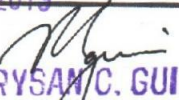
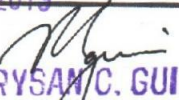
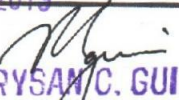
31. SPECIAL SKILLS and HOBBIES	32. NON-ACADEMIC DISTINCTIONS / RECOGNITION (Write in full)	33. MEMBERSHIP IN ASSOCIATION/ORGANIZATION (Write in full)
COMPUTER LITERATE	NA	MOTHER & CHILD NURSES ASSOCIATION
EVENT ORGANIZER		PHILIPPINE NURSES ASSOCIATION
ARTISITC		OPERATING ROOM NURSES ASSOCIATION

(Continue on separate sheet if necessary)

SIGNATURE

DATE _____

Nov. 15, 2079

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>RESIGN</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)													
<table><thead><tr><th>NAME</th><th>ADDRESS</th><th>TEL. NO</th></tr></thead><tbody><tr><td>JESUSA M MAGNO</td><td>VISAYA STATE UNIVERSITY</td><td></td></tr><tr><td>MICHELLE TOLIBAS</td><td>VISAYAS STATE UNIVERSITY</td><td></td></tr><tr><td>REV. FR. RONNEL TABOSO</td><td>STO. NINO PARISH, TACLOBAN CITY</td><td></td></tr></tbody></table>		NAME	ADDRESS	TEL. NO	JESUSA M MAGNO	VISAYA STATE UNIVERSITY		MICHELLE TOLIBAS	VISAYAS STATE UNIVERSITY		REV. FR. RONNEL TABOSO	STO. NINO PARISH, TACLOBAN CITY	
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REV. FR. RONNEL TABOSO	STO. NINO PARISH, TACLOBAN CITY												
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.													
<table><tr><td>Government Issued ID (i.e. Passport, GSIS, SSS, PRC, Driver's License, etc.) PLEASE INDICATE ID Number and Date of Issuance</td></tr><tr><td>Government Issued ID: PRC ID</td></tr><tr><td>ID/License/Passport No.: 0410666</td></tr><tr><td>Date/Place of Issuance:</td></tr></table>	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.: 0410666	Date/Place of Issuance:	<table><tr><td> Signature (Sign inside the box) Date Accomplished</td><td> Right Thumbmark</td></tr></table>	 Signature (Sign inside the box) Date Accomplished	 Right Thumbmark						
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Date/Place of Issuance:													
 Signature (Sign inside the box) Date Accomplished	 Right Thumbmark												
SUBSCRIBED AND SWORN to before me this <u>16 DEC 2019</u> , affiant exhibiting his/her validly issued government ID as indicated above.													
<table><tr><td> ATTY. RYSAN C. GUINOCOR VSU LEGAL OFFICER Person Administering Oath</td></tr></table>		 ATTY. RYSAN C. GUINOCOR VSU 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: July 1, 2017 – present
- Position: Instructor III
- Name of Office/Unit: College of Nursing
- Immediate Supervisor: Jesusa M. Magno
- Name of Agency/Organization and Location: Visayas State University, Visca, Baybay Leyte
- Summary of Actual Duties : on study leave

-
- Duration: June 1, 2016 – June 30, 2017
 - Position: Instructor III
 - Name of Office/Unit: College of Nursing
 - Immediate Supervisor: Beatriz Belonias
 - Name of Agency/Organization and Location: Visayas State University, Visca, Baybay Leyte
 - List of Accomplishments and Contributions:
 - College Dean
 - Created linkage with different local and national partners for research and extension service activities.
 - Upgraded the quality of instruction evidenced by consistently producing 100% passing rate on Nurse Licensure Examination.
 - Summary of Actual Duties
 - Responsible for performing administrative and technical-operational tasks as the college head.
 - Conducts classes as scheduled
 - Supervises students in their Related Learning Experience (Skills laboratory and Hospital duties)

-
- Duration: January 6, 2011 - June 30, 2017
 - Position: Instructor I
 - Name of Office/Unit: College of Nursing
 - Immediate Supervisor: Janet Alexis De Los Santos
 - Name of Agency/Organization and Location: Visayas State University
 - Summary of Actual Duties
 - Responsible for performing administrative and technical-operational tasks as the college secretary.
 - Conducts classes as scheduled
 - Supervises students in their Related Learning Experience (Skills laboratory and Hospital duties)

-
- Duration: January 3, 2010 – May 31, 2011
 - Position: Part Time Instructor
-

-
- Name of Office/Unit: College of Nursing
 - Immediate Supervisor: Erleta Pinero/ Elni Mari Mendoza/ Edgardo E. Tulin
 - Name of Agency/Organization and Location: Visayas State University, Visca, Baybay, Leyte

 - List of Accomplishments and Contributions:
 - Upgraded the quality of instruction evidenced by consistently producing 100% passing rate on Nurse Licensure Examination.

 - Summary of Actual Duties
 - Responsible for performing administrative and technical-operational tasks
 - Conducts classes as scheduled
 - Supervises students in their Related Learning Experience (Skills laboratory and Hospital duties)


RITA CRISTINA L. MENES
(Signature over Printed Name
of Employee/Applicant)

Date: 11/18/19