CS Form No. 212 Revised 2017	P	ERSO	NAL DAT	A S	HEE	Т	5			
WARNING: Any misrepresent concerned.							e/criminal case/s	against the p	erson	
READ THE ATTACHED GUIDE Print legibly. Tick appropriate boxe	es (Induse separate sheet	ONAL DATA SH	EET (PDS) BEFORE ACCOM	PLISHING T	HE PDS FOR	M. 1 CS ID No		Ma mat fill u	F 000 upp on	
I. PERSONAL INFORMATI	ON	II Housessiy. IIIsas	ate two it flot applicable. Do it	OI ADDREV	AIE.	1 CS IU N	2	(Do not ne u	p. For CSC use on	
2, SURNAME	MENESES	LUB.L.			On the latest the second					
FIRST NAME	RAZA CRECIA	THE LITE					NAME EXTENSION (JR , SR)	NA	
MIDDLE NAME	LASTRILLA									
DATE OF BIRTH (mm/dd/yyyy)	08/04/1985		16. CITIZENSHIP Filipino				☐ Dual Citizenship ☐ Duy birth ☐ Doy naturalization			
4. PLACE OF BIRTH	TACLOBAN	CITY	If holder of dual citiz	enship,	□ by birth □ by naturalization Pls. indicate country:				ilization	
5. SEX	Male	✓ Female	please indicate the details.		•					
6 CIVIL STATUS	☑ Single ☐ Widowed ☐ Other/s:	☐ Married ☐ Separated	17. RESIDENTIAL ADDRESS BLOCK 27 LOT 7 House/Block/Lot No. PHASE 2B V&G SUBDIVSION		No. BDIVSION	JUPITER ALLEY Street				
7. HEIGHT (m)	1.35		Agent of the second		Subdivision/Villa TACLOBAN CI		****	Barangay LEYYTE	47.0	
8. WEIGHT (kg)	69 KGS		ZIP CODE	City/Municipality		ity	Province 6500			
9. BLOOD TYPE	A		18. PERMANENT ADDRESS		BLOCK 27 LOT	7	JUPITER ALLEY			
10. GSIS ID NO.	020410840	IQ P			House/Block/Lot No. PHASE 2B V&G SUBDIVISION			Street		
11. PAG-IBIG ID NO.			eran e samen i	Subdivision/Village				Barangay		
The second secon		913248137213			TACLOBAN CITY City/Municipality			LEYTE Province		
12. PHILHEALTH NO.	1350-0104-5	270	ZIP CODE		6500	1136			ASSES V	
13. SSS NO.	NA NA		19. TELEPHONE NO.				NA	NA TELEVISION OF THE PROPERTY		
14. TIN NO.	412-359-360		20. MOBILE NO.		09062884213			127.5		
15. AGENCY EMPLOYEE NO.	V00724		21. E-MAIL ADDRESS (if any)		razameneses@gmail.com					
II. FAMILY BACKGROUND										
22 SPOUSE'S SURNAME		NA	NAME EXTENSION (JR., SR)	23 NAME of t	CHILDREN (Wi	ite full name and	d ist all)	DATE OF BI	RTH (mm/dd/yyyy)	
FIRST NAME MIDDLE NAME	NA NA		HAMIL EXTENSION (JR., SR)		***************************************				NA	
OCCUPATION		NA NA								
EMPLOYER/BUSINESS NAME	NA NA									
BUSINESS ADDRESS	NA NA									
TELEPHONE NO.	NA NA									
24. FATHER'S SURNAME	MENESES									
FIRST NAME	NILO		NAME EXTENSION (JR., SR)							
MIDDLE NAME	PINGOL									
5. MOTHER'S MAIDEN NAME	7.1									
SURNAME		LASTRILLA								
FIRST NAME				A						
MIDDLE NAME	EVANGELISTA				(0	Continue on se	parate sheet if neces	sary)		
II. EDUCATIONAL BACKG	ROUND									
6. LEVEL	NAME OF SCHO (Write in full)	NAME OF SCHOOL (Write in full)		BASIC EDUCATION/DEGREE/COURSE (Write in full)		ATTENDANCE To	HIGHEST LEVEL/ UNITS EARNED (if not graduated)	YEAR GRADUATED	SCHOLARSHIP/ ACADEMIC HONORS RECEIVED	
ELEMENTARY	ST. THERESE CHILD DEVELOR	PMENT CENTER	PRIMARY EDUCATION	ON	Jun-92	Mar-98	Graduated	1998	WITH HONORS	
SECONDARY	LEYTE NATIONAL HIGH	ISCHOOL	SECONARY EDUCATION		Jun-98	Mar-02	Graduated	2002	SCIENCE ENTHUSIAST	
VOCATIONAL / TRADE COURSE	SM COLEGO DE LEY	TE, INC	-HEALTH CARE SERV	/ICES	Jun-10	Nov-10	Graduated	2010	NA	
COLLEGE	REMEDIOS TRINIDAD ROMUA FOUNDATION		BACHELOR OF SCIENCE IN	BACHELOR OF SCIENCE IN NURSING		Mar-06	Corolduaks	2006	NA	
GRADUATE STUDIES	UNIVERSITY OF SAN CARLOS		MASTER OF ARTS IN NURSING MAJOR IN		Jun-10	Mar-11	landuale.	2011	NΔ	

DATE

11/15/2019

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SIGNATURE

27. CAR	SPECIAL LA	1080 (BOARD/BAR) UNDER AWS/CES/CSEE	RATING	DATE OF EXAMINATION /	PLACE OF EVANINA	TION / CONFE	DMENT	LICENSE (if a	
BARANGAY ELIGIBILITY / DRIVER'S LICENSE		(If Applicable)	CONFERMENT	PLACE OF EXAMINA	PLACE OF EXAMINATION / CONFERMENT			Date of Validity	
NURSE LICENSURE EXAMINATION			06/01/2006	CEBU CITY		0410666	08/04/20:		
	SERV	The state of the s		6/14/2009	TACLOBAN CITY		0908502479		
NATION	AL CERTIFCAT SERV	E IN HOUSEKEEPING		6/28/2009	TACLOBAN CITY			09080502648	
NATIONA	L TVET TRAINE	ERS LEVEL 1 (TQ1) AND SSMENT LEVEL (AQ1)		6/30/2009	BAN CITY				
WORK	FVDERIEVA		(Co	ntinue on separate sheet if n	recessary)				
	EXPERIENCE vate employme	nt. Start from your recent	work) Description	on of duties should be in	ndicated in the attached	d Work Exp	erience sheet.		
INC	LUSIVE DATES mm/dd/yyyy)	POSITION TITLE (Write in full/Do not abbreviate)		DEPARTMENT / AGENCY / OFFICE / COMPANY (Write in full/Do not abbreviate)		MONTHLY SALARY	SALARY/ JOB/ PAY GRADE (if applicable)& STEP (Format "00-0")/ INCREMENT	STATUS OF APPOINTMENT	GOVT SERVICE (Y/N)
1/01/2017	PRESENT	INSTRUCTO	RIII		ING- VISAYAS STATE	27290.00	SG 14	PERMANENT	Υ
1/06/2011	12/31/2016	INSTRUCTO	R III	COLLEGE OF NURS	ING- VISAYAS STATE	19740.00	SG 12	REGULAR	Υ
1/03/2010	5/31/2011	PART TIME CLINICAL	NSTRUCTOR	UNIVERSITY COLLEGE OF NURSING- VISAYAS STATE UNIVERSITY		16000.00	NA	JOB ORDER	Υ
4/04/2007	12/12/2009	CLINICAL INSTR	UCTOR	SM COLEGIO DE LEYTE INC.		15000.00	NA	CONTRACTU	N
04/2006	03/04/2007	NURSE VOLUM	TEER	TACLOBAN CITY HOSPITAL		NA	NA	NA	N
		3							
	ATURE		(Cor	itinue on separate sheet if ne	DATE		11/18/2019		

IV. CIVIL SERVICE ELIGIBILITY

29. NAME & ADDRESS OF ORGANIZATION (Write in full)		INCLUSIVE DATES (mm/dd/yyyy) NUMBER OF HOURS		s POSITION / NATURE OF WORK			
		From 01/08/2008					
OUR LADY OF THE MIRACUOUS MEDAL LECTORS GUILD			12/0/2010		LECTOR		
ST. ROCH PARISH MEDICAL MISSION TEAM					MEDICAL TEA	M COORDINATOR	
VII. LEARNING AND DEVELOPMENT (L&	D) INTERVENTIONS/TRAINING P	tlinue on seperate ROGRAMS A' e last five (5) years	TTENDED		riai positions)		
0. 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)	
7TH ORNAP REGIONAL ANNUAL CONVE	NTION & SCIENTIFIC MEETING	11/16/2019	To 11/16/2019	8.0	and the table	OPERATING ROOM NURSES ASSOCIATION OF	
NURSING FORUM ON THE ROLES OF THE USA ADVANCES IN EDUC	F NURSE PRACTITIONERS IN		01/17/2019	8	MANAGERIAL	PHILIPPINES-LEYTE CHAPTER SILLIMAN UNIVERSITY	
6TH ORNAP REGIONAL CONVENTION	AND SCIENTIFIC MEETING	12/15/2018	12/15/2018	8.0	TECHNICAL	OPERATING ROOM NURSES ASSOCIATION OF PHILIPPINES-LEYTE CHAPTER	
8TH INTERNATIONA; CONFERENCE	E OF NURSES (ICONS8)	11/23/2018	11/23/2018	8.0	MANAGERIAL	CEBU NORMAL UNIVERSITY	
3RD SPUP INTERNATIONAL RES	EARCH CONFERENCE	12/14/2017	12/16/2017	24.0	TECHNICAL	ST. PAUL UNIVERSITY PHILIPPINES	
11TH POST GRADUATE COURSE	IN INTERNAL MEDICINE	01/02/2017	02/17/2017	8.0	MANAGERIAL	ICIAN-EASTERN VISAYAS CHAPTER	
			711				
				-1-4-1	1000		
	r the respect of the little					1 31 m - 35, 1 m - 2 m -	
						5,(3),(1-4),	
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6 X/0							
141640		1734274211				ENGLISH DE CHARLE	
u iq a va lo q	1		1 1 1 1 2 1			AND TRANSPORT	
					- 17 T		
		18.0			1		
(III. OTHER INFORMATION	(Con	ilinue on separate s	sheet If necessary)				
31. SPECIAL SKILLS and HOBBIES					MEMBERSHIP IN ASSOCIATION/ORGANIZATIO		
COMPUTER LITERATE	(write in tull)					(Write in full) MOTHER & CHILD NURSES ASSOCIATION	
EVENT ORGANIZER	NA NA				PHILIPPINE NURSES ASSOCIATION		
ARTISITC						OPERATING ROOM NURSES ASOCIATION	
		GJUMO	51 11 14	JAM VI	The		
		finue on separate s	DISSE.	AGD SE	7.3		
		-	DATE			The same of the sa	

34 Are you related by concensuinity or officity to the annual to						
34. Are you related by consanguinity or affinity to the appointin	g or recommending authority, or to the					
chief of bureau or office or to the person who has immedia Bureau or Department where you will be apppointed,	te supervision over you in the Office,	,				
a. within the third degree?						
	☐ YES ☑ NO					
b. within the fourth degree (for Local Government Unit - Ca	reer Employees)?	YES V NO				
	If YES, give details:					
		, 0				
35. a. Have you ever been found guilty of any administrative of	fense?					
		☐ YES ☑ NO				
		If YES, give details:				
b. Have you been criminally charged before any court?		D VEC DAY				
b. That's you been drifflingly charged before any county		YES NO				
	AND THE RESERVE OF THE PARTY OF	If YES, give details:				
		Date Filed:				
Sentence of the process of process of the sent of the	en de la compresa de La compresa de la co	Status of Case/s:				
36. Have you ever been convicted of any crime or violation of a	ny law, decree, ordinance or regulation by	☐ YES ☑ NO				
any court or tribunal?		If YES, give details:				
	NE 0 40 MC	. 0				
37 Have you over been concreted from the service in service						
 Have you ever been separated from the service in any of the dropped from the rolls, dismissal, termination, end of term, 	le following modes: resignation, retirement,	✓ YES NO				
in the public or private sector?	inished contract or phased out (abolition)	If YES, give details: RESIGN				
		RESIGN				
38. a. Have you ever been a candidate in a national or local ele	ction held within the last year (except	☐ YES ☑ NO				
Barangay election)?		If YES, give details:				
b. Have you resigned from the government service during the	ne three (3)-month period before the last					
election to promote/actively campaign for a national or local	candidate?					
Service of the second control of the second		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):				
	In the second se	, 3				
40. Pursuant to: (a) Indigenous People's Act (RA 8371); (b) Mag	ona 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?		_				
		☐ YES ☑ NO If YES, please specify:				
b. Are you a person with disability?						
and a second sec		YES V NO				
c. Are you a solo parent?		If YES, please specify ID No:				
140 you a colo parant:		☐ YES ☑ NO				
		If YES, please specify ID No:				
41. REFERENCES (Person not related by consanguinity or affinity to applicate	nt /appointee)					
NAME	ADDRESS	TEL. NO.				
JESUSA M MAGNO						
JESUSA M MAGNU	VISAYA STATE UNIVERSITY					
MICHELLE TOLIBAS	VISAYAS STATE UNIVERSITY					
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 tru	e, correct and				
complete statement pursuant to the provisions of pertin	ent laws, rules and regulations of the R	epublic of the				
Philippines. I authorize the agency head/authorized represe	ntative to verify/validate the contents stated	herein.				
agree that any misrepresentation made in this docu	ment and its attachments shall cause	the filing of				
administrative/criminal case/s against me.		THE RESIDENCE OF THE PARTY OF T				
Government Issued ID (i.e.Passport, GSIS, SSS, PRC, Driver's License, etc.)						
PLEASE INDICATE ID Number and Date of Issuance		1 The				
Government Issued ID: PRC ID						
ID/License/Passport No.: 0410666						
Date/Place of Issuance:	Date Accomplished	Right Thumbmark				
		Tagn Humanain				
SUBSCRIBED AND SWORN to before me this 4	. affiant exhibiting	his/her validly issued government ID as indicated above.				
100	EC 2019	gerannoncia do mandred aboye.				
	M1.					
AT						
V	SULEGAL ØFFICER					
the first of the best of the second s	Person Administering Oath					

WORK EXPERIENCE SHEET

structions: 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 for if known, and year in full. For the current position, use the word Present, e.g., 198 Present. Work experience should be listed starting with the most recent/prese 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.
 - o 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)

(Signature over Printed Name of Employee/Applicant)

Date: