CS Form No. 212 Revised 2017

SIGNATURE

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 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) ERSONAL INFORMATIO PASCUAL 2. SURNAME NAME EXTENSION (JR., SR) FIRST NAME RYAN BEVERLO MIDDLE NAME VENTULA 3. DATE OF BIRTH 11/13/1988 16 CITIZENSHIP ✓ Filipino Dual Citizenship (mm/dd/yyyy) by birth by naturalization 4 PLACE OF BIRTH VSU, Visca, BAYBAY, LEYTE Pls. indicate country: If holder of dual citizenship. please indicate the details ✓ Male Female 5. SEX BAYBAY-INOPACAN RD. PASCUAL HOUSE BED AND BREAKEAST Single ✓ Married 17 RESIDENTIAL ADDRESS 6 CIVIL STATUS House/Block/Lot No. Street Widowed Separated BRGY. CANDADAM Other/s: Subdivision/Village Barangay **BAYBAY CITY** LEYTE 7. HEIGHT (m) 1.71 City/Municipality Province 67 ZIP CODE 6521 8 WEIGHT (kg) PASCUAL HOUSE BED AND BREAKFAST BAYBAY-INOPACAN RD. 18 PERMANENT ADDRESS 9 BLOOD TYPE 0+ House/Block/Lot No. Street BRGY. CANDADAM 10. GSIS ID NO. N/A Subdivision/Village Barangay BAYBAY CITY LEYTE 11. PAG-IBIG ID NO. 121037744085 City/Municipality Province 12. PHILHEALTH NO. 120511228056 ZIP CODE 6521 632537187 13. SSS NO 19. TELEPHONE NO. 560-3436 14. TIN NO. 283266794 0915-019-4834 20. MOBILE NO. 15. AGENCY EMPLOYEE NO. N/A 21. E-MAIL ADDRESS (if any) PASCUALRYANBEVERLO@GMAIL.COM **FAMILY BACKGROUND** 22. SPOUSE'S SURNAME SHARMAINE KIM A. PASCUAL 23. NAME of CHILDREN (Write full name and list all) DATE OF BIRTH (mm/dd/yyyy) LUCAS MATTEO A. PASCUAL PASCUAL 06/28/2017 24. FATHER'S SURNAME NAME EXTENSION (JR., SR) LILLIANA MAREE A. PASCUAL BEVERLO 04/29/2021 FIRST NAME MIDDLE NAME **PLENOS** 25. MOTHER'S MAIDEN NAME VENTULA SURNAME FIRST NAME VICENTA DIAZ (Continue on separate sheet if necessary) MIDDLE NAME EDUCATIONAL BACKGROUND SCHOLARSHIP HIGHEST LEVEL/ 26. PERIOD OF ATTENDANCE NAME OF SCHOOL BASIC EDUCATION/DEGREE/COURSE YEAR **ACADEMIC** LEVEL UNITS EARNED GRADUATED HONORS (Write in full) (Write in full) (if not graduated) RECEIVED From To PRINCIPALS VISCA FOUNDATION ELEMENTARY SCHOOL BASIC EDUCATION ELEMENTARY 1995 2001 2001 n/a IST LEYTE STATE UNIVERSITY LABORATORY HIGH SECONDARY EDUCATION SECONDARY 2001 2005 n/a 2005 WITH HONORS SCHOOL CEBU NORMAL UNIVERSITHY BACHELOR OF SCIENCE IN NURSING COLLEGE 2005 2009 2009 WITH HONORS n/a **GRADUATE STUDIES** N/A N/A N/A N/A n/a N/A n/a **GRADUATE STUDIES** NIA N/A N/A N/A n/a N/A

DATE

4/19/2023

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CAREE		1080 (BOARD/ BAR) UNDER	RATING	DATE OF				LICENSE (if a	applicable)
BAR		AWS/ CES/ CSEE (If Applicable) (If Applicable) EXAMINATION / PLACE OF EXAMINATION / CONFERMENT CONFERMENT				RMENT	NUMBER	Date of Validity	
NUR	SE LICENSUR	RE EXAMINATION	80.6	NOV. 2009	CEBU CITY			0615264	11/13/202
			(C	ontinue on separate she	et if necessary)				
	XPERIENCE te employme	nt. Start from your recent	work) Description	n of duties should l	be indicated in the attache	ed Work Exp	erience sheet.		
	OSIVE DATES m/dd/yyyy) POSITION T (Write in full/Do not			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	GOV'T SERVICE (Y/ N)
5/22/2017	12/05/2021	SALES REPRESENTATIVE	=	AUTHOR SOLUTION	ONS PHILIPPINES INC.	\$472	N/A	REGULAR	NO
6/19/2012	7/29/2016	CUSTOMER SERVICE RE	PRESENTATIVE	CONVERGYS CO	RPORATION	\$327	N/A	REGULAR	NO
01/02/2011	12/02/2012	NURSE VOLUNTEER		WESTERN LEYTE	VESTERN LEYTE PROVINCIAL HOSPITAL N/A		N/A	VOLUNTEER	YES
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9. NAME & ADDRESS OF ORGANIZATION		INCLUSIVE DATES (mm/dd/yyyy)		25 A 11 10 1 1	POSITION / NATURE OF WORK
, (Write in full)	From			Acceptable States and an	
N/A	N/A	Crass-voter	Li ragna (- An(Lagoria	nević fuloji rot) asiçiti ittird elt sidik
I. LEARNING AND DEVELOPMENT (L&D) INTERVENTIONS/TRAIN		ATTENDED			
art from the most recent L&D/training program and include only the relevant L&D/training	THE PARTY OF THE P	the last five (5) years for Division Chi		Managerial positi	The same of the sa
 TITLE OF LEARNING AND DEVELOPMENT INTERVENTIONS/TRAINING PROGRA (Write in full) 		ATTENDANCE (mm/dd/yyyy) From To		(Managerial/ Supervisory/ Technical/etc)	CONDUCTED/ SPONSORED BY (Write in full)
EW TECHNOLOGIES IN TRANSPLANTATION	2/26/2009	2/26/2009	4.0	TECHNICAL	CEBU NORMAL UNIVERSITY
EACHING HEIGHTS THROUGH A POSITIVE OUTLOOK	2/26/2009	2/26/2009	4.0	TECHNICAL	CEBU NORMAL UNIVERSITY
REVENTING LAWSUITS IN THE NURSING PRACTICE	2/23/2009	2/23/2009	4.0	TECHNICAL	CEBU NORMAL UNIVERSITY
RAINERS' TRAINING ON SKILLS FOR LIFE	5/31/2007	03/06/2007	32.0	TECHNICAL	INSTITUTE FOR STARTEGIC RESEARCH AND
TOURING ON SKILLS FOR LIFE	0/01/2007	0.000	-		DEVELOPMENTAL STUDIES
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VIII. OTHER INFORMATION	(Continue on separate s	heet if necessary)			
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	(Continue on separate	sheet if necessary)			
SIGNATURE Dan		DATE		4/19/202	CS FORM 212 (Revised 2017), Page 3 of

related by consanguinity or affinity to the appointing bureau or office or to the person who has immediated or Department where you will be apppointed, in the third degree? In the fourth degree (for Local Government Unit - Can be you ever been found guilty of any administrative of a you been criminally charged before any court? In the fourth degree (for Local Government Unit - Can be you ever been found guilty of any administrative of a you been criminally charged before any court? In the fourth degree (for Local Government Unit - Can be you ever been found guilty of any administrative of a you ever been convicted of any crime or violation of a part or tribunal?	te supervision over you in the Office, areer Employees)? ffense? any law, decree, ordinance or regulation by			
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you ever been a candidate in a national or local ele	ection held within the last year (except	☐ YES ✓ NO		
ay election)?		If YES, give details:		
you resigned from the government service during t	the three (3)-month period before the last	☐ YES ☑ NO		
		If YES, give details:		
ou acquired the status of an immigrant or permaner	nt resident of another country?	Type (INO		
u a person with disability? u a solo parent?	☐ YES ☑ NO If YES, please specify ID No: ☐ YES ☑ NO			
		If YES, please specify ID No:		
NCES (Person not related by consanguinity or affinity to applica	ant /appointee)			
NAME	ADDRESS	TEL. NO.		
SONIA CUTAMORA, RN	BAYBAY CITY	9268805822		
	- DAISA OII			
RHEA JANE CIABU, CPM	BAYBAY CITY	9289195763)	
HON. FULTON IKE ARRADAZA, MD	BAYBAY CITY	9209104353		
re under oath that I have personally accomplished	this Personal Data Sheet which is a true, or	orrect and complete		
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n o ne e e e e e e e e e e e e e e e e e	to promote/actively campaign for a national or local acquired the status of an immigrant or permaner on to: (a) Indigenous People's Act (RA 8371); (b) Massolo Parents Welfare Act of 2000 (RA 8972), please a member of any indigenous group? a person with disability? a solo parent? NCES (Person not related by consanguinity or affinity to applicate NAME SONIA CUTAMORA, RN RHEA JANE CIABU, CPM HON. FULTON IKE ARRADAZA, MD e under oath that I have personally accomplished ent pursuant to the provisions of pertinent laws, rule ency head / authorized representative to ver esentation made in this document and its attact	to promote/actively campaign for a national or local candidate? but acquired the status of an immigrant or permanent resident of another country? but to: (a) Indigenous People's Act (RA 8371); (b) Magna Carta for Disabled Persons (RA 7277) Solo Parents Welfare Act of 2000 (RA 8972), please answer the following items: a member of any indigenous group? a person with disability? a solo parent? NCES (Person not related by consanguinity or affinity to applicant /appointee) NAME ADDRESS SONIA CUTAMORA, RN BAYBAY CITY HON. FULTON IKE ARRADAZA, MD BAYBAY CITY e under oath that I have personally accomplished this Personal Data Sheet which is a true, cent pursuant to the provisions of pertinent laws, rules and regulations of the Republic of the Phency head / authorized representative to verify/validate the contents stated herein. and I issued ID (e Passport, GSIS, SSS, PRC, Driver's License, etc.) Int Issued ID (e Passport, GSIS, SSS, PRC, Driver's License, etc.) IDICCATE ID Number and Date of Issuance	to promote/actively campaign for a national or local candidate? If YES, give details: yES	