

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	PASCUAL		
FIRST NAME	RYAN BEVERLO	NAME EXTENSION (JR., SR)	
MIDDLE NAME	VENTULA		
3. DATE OF BIRTH (mm/dd/yyyy)	11/13/1988	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	VSU, Visca, BAYBAY, LEYTE	If holder of dual citizenship, please indicate the details.	
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	PASCUAL HOUSE BED AND BREAKFAST BAYBAY-INOPACAN RD. House/Block/Lot No. Street BRGY. CANDADAM Subdivision/Village Barangay BAYBAY CITY LEYTE City/Municipality Province 6521
7. HEIGHT (m)	1.71	18. PERMANENT ADDRESS	PASCUAL HOUSE BED AND BREAKFAST BAYBAY-INOPACAN RD. House/Block/Lot No. Street BRGY. CANDADAM Subdivision/Village Barangay BAYBAY CITY LEYTE City/Municipality Province 6521
8. WEIGHT (kg)	67	19. TELEPHONE NO.	560-3436
9. BLOOD TYPE	O+	20. MOBILE NO.	0915-019-4834
10. GSIS ID NO.	N/A	21. E-MAIL ADDRESS (if any)	PASCUALRYANBEVERLO@GMAIL.COM
11. PAG-IBIG ID NO.	121037744085		
12. PHILHEALTH NO.	120511228056		
13. SSS NO.	632537187		
14. TIN NO.	283266794		
15. AGENCY EMPLOYEE NO.	N/A		

II. FAMILY BACKGROUND

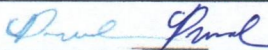
22. SPOUSE'S SURNAME	SHARMAINE KIM A. PASCUAL		23. NAME of CHILDREN (Write full name and list all)	DATE OF BIRTH (mm/dd/yyyy)
24. FATHER'S SURNAME	PASCUAL	LUCAS MATTEO A. PASCUAL	06/28/2017	
FIRST NAME	BEVERLO	LILLIANA MAREE A. PASCUAL	04/29/2021	
MIDDLE NAME	PLENOS			
25. MOTHER'S MAIDEN NAME				
SURNAME	VENTULA			
FIRST NAME	VICENTA			
MIDDLE NAME	DIAZ			

(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	VISCA FOUNDATION ELEMENTARY SCHOOL	BASIC EDUCATION	1995	2001	n/a	2001	PRINCIPALS LIST
SECONDARY	LEYTE STATE UNIVERSITY LABORATORY HIGH SCHOOL	SECONDARY EDUCATION	2001	2005	n/a	2005	WITH HONORS
COLLEGE	CEBU NORMAL UNIVERSITY	BACHELOR OF SCIENCE IN NURSING	2005	2009	n/a	2009	WITH HONORS
GRADUATE STUDIES	N/A	N/A	N/A	N/A	n/a	N/A	n/a
GRADUATE STUDIES	N/A	N/A	N/A	N/A	n/a	N/A	

(Continue on separate sheet if necessary)

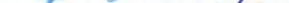
SIGNATURE		DATE	4/19/2023	CS FORM 212 (Revised 2017), Page 1 of 4
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IV. CIVIL SERVICE ELIGIBILITY						
27.	CAREER SERVICE/ RA 1080 (BOARD/ BAR) UNDER SPECIAL LAWS/ CES/ CSEE BARANGAY ELIGIBILITY / DRIVER'S LICENSE	RATING (If Applicable)	DATE OF EXAMINATION / CONFERMENT	PLACE OF EXAMINATION / CONFERMENT	LICENSE (if applicable)	
					NUMBER	Date of Validity
	NURSE LICENSURE EXAMINATION	80.6	NOV. 2009	CEBU CITY	0615264	11/13/2025

V. WORK EXPERIENCE

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

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David Paul

4/19/2023

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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		
	N/A	N/A			

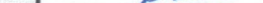
VII. LEARNING AND DEVELOPMENT (L&D) INTERVENTIONS/TRAINING PROGRAMS ATTENDED

INCLUSIVE DATES OF	Type of ID

(Continue on separate sheet if necessary)

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(Continue on separate sheet if necessary)

SIGNATURE		DATE	4/19/2023	CS FORM 212 (Revised 2017), Page 3 of 3
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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: _____

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.
SONIA CUTAMORA, RN	BAYBAY CITY	9268805822
RHEA JANE CIABU, CPM	BAYBAY CITY	9289195763
HON. FULTON IKE ARRADAZA, MD	BAYBAY CITY	9209104353

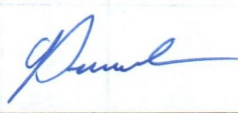
42. I declare under oath that I have personally accomplished this Personal Data Sheet which is a true, correct and complete statement pursuant to the provisions of pertinent laws, rules and regulations of the Republic of the Philippines. I authorize the agency head / authorized representative to verify/validate 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.

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

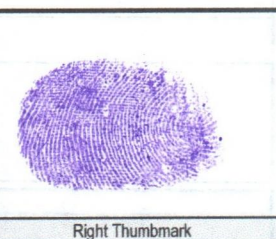
ID/License/Passport No.: 0615264

Date/Place of Issuance: 3/29/210 / CEBU CITY


Signature (Sign inside the box)
4/19/2023
Date Accomplished



Verified by: [Signature]
13/11/2023 PHOTO

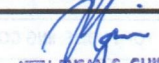


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SUBSCRIBED AND SWORN to before me this

09 MAY 2023

affiant exhibiting his/her validly issued government ID as indicated above.


ATTY. RYSA C. GUINOCOR
VSU Chief Legal Officer
Person Administering Oath