CS Form No. 212

PERSONAL DATA SHEET

WARNING: Any misinterpretation 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.

	TO FILLING OUT THE PERSONAL DATA (and use separate sheet if necessary. Inc.				1. CS ID No.		(Do not fill up. F	For CSC use only)
I. PERSONAL INFORMATION		alcate N/A il flot applicable. Bo NOT A	BBREVIATE.		1. 00 ID No.		(Bo not hir op. 1	or ooo dae only)
2. SURNAME	АСОВ							
FIRST NAME	JOEL REY					NAME EXTENSION (JR	., SR)	
MIDDLE NAME	UGSANG							
3. DATE OF BIRTH				T				
(mm/dd/yyyy)	05/15/1988	16. CITIZENSHIP		☑ Filipir	no [Dual Citizenship		
4. PLACE OF BIRTH	AURORA ISABELA	If holder of dual citiz	enship,			☐ by birth Pls. indicate of	by naturaliz	zation
5. SEX	✓ Male ☐ Femal	nlease indicate the		- C. C. Table & Marketing				
	Single Marrie		g spirite daves					
6 CIVIL STATUS	☐ Widowed ☐ Separa		-	ouse/Block/Lot No	The second secon		Street	
get of the property and advantage of the COV pages of the property of the prop	Other/s:	TO SECURE AND THE SECURE OF THE SECURE ASSESSMENT ASSES		WORLD VISION Subdivision/Village			LINAO Barangay	
7. HEIGHT (m)	5 '6"			ORMOC City/Municipality			LEYTE Province	
8. WEIGHT (kg)	70 KGS	ZIP CODE		Ottymanioipanty	***************************************	6541	77041100	
9. BLOOD TYPE	0+	18. PERMANENT ADDRESS						07.05
10. GSIS ID NO.	0111-4317355-0	VIII. AV ROBOBAJOV BAS		ouse/Block/Lot No WORLD VISION		00074	Street LINAO	
2500 1 1000000		YEAR STATE BAYABI	ORMOC	Subdivision/Village	е	JUDAT T	Barangay LEYTE	
11. PAG-IBIG ID NO.	1210-8372-5551			City/Municipality	000000000000000000000000000000000000000		Province	
12. PHILHEALTH NO.	13-050125995-1	ZIP CODE		6541				
13. SSS NO.	0631-460-394	19. TELEPHONE NO.		MIA				
14. TIN NO.	412-316-457	20. MOBILE NO.			09	56-916-1146		
15. AGENCY EMPLOYEE NO.	V00965	21. E-MAIL ADDRESS (if any)			joel.aco	b@vsu.edu.p	h	
II. FAMILY BACKGROUND								
22. SPOUSE'S SURNAME	NIA	1	23. NAME of C	HILDREN (Write	e full name and	list all)	DATE OF BIRT	TH (mm/dd/yyyy)
FIRST NAME		NAME EXTENSION (JR., SR)			N/A			
MIDDLE NAME								
OCCUPATION								
EMPLOYER/BUSINESS NAME								
BUSINESS ADDRESS								
TELEPHONE NO.						-		
24. FATHER'S SURNAME	ACO	В						
FIRST NAME	BONIFACIO	NAME EXTENSION (JR., SR)						
MIDDLE NAME	SOLA	NO						
25. MOTHER'S MAIDEN NAME	UGSA	ANG						
SURNAME	LORE	NO						
FIRST NAME	JOCYL	LYN						
MIDDLE NAME	BATIN	GAL		(Co	ontinue on se _l	parate sheet if neces	sary)	
III. EDUCATIONAL BACKS	GROUND							
26. LEVEL	NAME OF SCHOOL	BASIC EDUCATION/DEGR	REE/COURSE	PERIOD OF A	ATTENDANCE	HIGHEST LEVEL/ UNITS EARNED	YEAR	SCHOLARSHIP/ ACADEMIC
the completely to the figure and the administration of	(Write in full)	(Write in full)		From	То	(if not graduated)	GRADUATED	HONORS RECEIVED
ELEMENTARY	CARIDA ELEMENTARY SCHOOL	BASIC EDUCATION		06/12/1994	03/27/2000	1ST HONOR	2000	NA
SECONDARY	DR. GERONIMO B. ZALDIVAR MEM SCH FISHERIES	OF SECONDARY EDUCATION		06/10/2000	04/12/2005	2ND HONOR	2005	NIA
COLLEGE	SAN LORENZO RUIZ COLLEGE	BACHELOR OF SCIENCE	IN NURSING	06/09/2005	03/27/2009		2009	NIA
GRADUATE STUDIES	SOUTHWESTERN UNIVERSITY	MA IN NURSING		05/13/2010	05/17/2011		2011	NIA
GRADUATE STUDIES	ST PAUL UNIVERSITY PHILIPPINES		N NURSING	06/14/2015	06/01/2019		2019	
		(Continue on separate sheet if nee	T					
SIGNATURE	1 they sugs	DATE	10 Ju	the Saso	•	CS FORM 212	2 (Revised 2017),	Page 1 of 4

. CARE	ER SERVICE/ RA 1080	(BOARD/ BAR) UNDER	men myd trae it i s	DATE OF	A SECURITY OF ANY	3		LICENSE (if a	epplicable)
SPECIAL LAWS/ CES/ CSEE BARANGAY ELIGIBILITY / DRIVER'S LICENSE RATING (If Applicable)		EXAMINATION /	PLACE OF EXAMINA	TION / CONFE	RMENT		Date of		
			CONFERMENT				NUMBER	Validity	
NUF	RSE LICENSURE E	XAMINATION	79.0	NOV 6-7, 2010	TACLO	BAN CITY		0611418	05/15/202
NC	II IN HEALTH CAR	E SERVICES		05/04/2013	MAASIN CIT	Y, SO. LEY1	TE		- 52 I
	EXPERIENCE rate employment.	Start from your recent		ntinue on separate sheet if on of duties should be	necessary) indicated in the attach	ed Work Ex	perience shee	t.	
	USIVE DATES om/dd/yyyy)	POSITION TI (Write in full/Do not a			CY / OFFICE / COMPANY o not abbreviate)	MONTHLY SALARY	SALARY/ JOB/ PAY GRADE (if applicable)& STEP (Format *00-0*)/ INCREMENT	STATUS OF APPOINTMENT	GOV'T SERVICE (Y/ N)
2/15/2010	11/19/2010	STAFF NUF	RSE	ORMOC DISTI	RICT HOSPITAL	6000.00		J.O.	YES
6/17/2011	01/17/2017	FACULTY OF N	URSING	THE COLLEC	GE OF MAASIN	13000.00	-	TENURED	NO
1/30/2017	PRESENT	FACULTY OF N	URSING	VISAYAS STA	TE UNIVERSITY	24000.00		REGULAR- TEMP	YES
				ntinue on separate sheet if					

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	RY WORK OR INVOLVEMENT IN	CIVIC / NOIN-GOVERNINENT /	PEUPLE / VO	LUNIARYOF	RGANIZA HON/S			
) .		ADDRESS OF ORGANIZATION (Write in full)		INCLUSIVE DATES (mm/dd/yyyy) From To		Bah ya nes	POSITION / NATURE OF WORK	
	N/A		N/A	10	MIGHT HOUSE	igilo (A.) aras		
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			-					
		22 (2.1)	-	-		This programme		
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			ntinue on separate	A STATE OF THE OWNER, WHEN THE PARTY OF THE	y)			
	G AND DEVELOPMENT (L&D) II							
	st recent L&D/training program and includ	RVENTIONS/TRAINING PROGRAMS	INCLUSIVE DATES OF ATTENDANCE		NUMBER OF HOURS	Type of LD (Managerial/	CONDUCTED/ SPONSORED BY	
	(Write in full)		From	/dd/yyyy)	Table Control	Supervisory/ Technical/etc)	(Write in full)	
ITING AND PU	UBLISHING IN HIGH IMPACT JOURNA	AL .	01/11/2018	01/12/2018	16.0	TECHNICAL	VSU COLLEGE OF NURSING	
	ORKSHOP IN PREPARATION FOR LE		01/18/2018	01/19/2018	16.0	TECHNICAL	VSU QAC OFFICE	
					+			
	Y ENHANCEMENT ON HEALTH RESE	ARTHURN SINTAL BALL CONTROL	02/13/2018	02/14/2018	16.0	TECHNICAL	PCHRD DOST	
CAPACITY	Y ENHANCEMENT ON HEALTH RESE	ARCH IN DISASTER: PHASE 2	03/20/2018	03/22/2018	24.0	TECHNICAL	PCHRD DOST	
	WORKSHOP ON FRAMEWORK FOR	HEALTH RESEARCH	04/23/2018	04/24/2018	16.0	TECHNICAL	PCHRD DOST	
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		2885-883-V190	Y	оежно		71.	TO JOHN A IRER WORLD	
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		Palloga -	+	+				
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	A. Section Co.		7 7 2					
		(Co	ontinue on separat	e sheet if necessa	ry)			
II. OTHER I	INFORMATION							
31.	SPECIAL SKILLS and HOBBIES	32. N	ON-ACADEMIC DIS (V	TINCTIONS / REC	OGNITION		33. MEMBERSHIP IN ASSOCIATION/ORGANIZA (Write in full)	
	WRITING			I/A			PHILIPPINE NURSES ASSOCIATIO	
		\$ 10 Care No. 100 (1)	ed gardar H	Association				
				Control of the Contro		V.V.		
				William State of				
		1						
			ontinue on separa	te sheet if necess	Name and Address of the Owner, where the Owner, which is the Owner, where the Owner, which is the Owner,	une 2	CS FORM 212 (Revised 2017), Pag	

34.	Are you related by consanguinity or affinity to the appointing or chief of bureau or office or to the person who has immediate su		•			
	Bureau or Department where you will be apppointed,					
	a. within the third degree?	YES NO				
	b. within the fourth degree (for Local Government Unit - Career	YES NO				
			If YES, give details:			
	a. Have you ever been found guilty of any administrative offens	2				
15.	a. Have you ever been found guilty of any administrative offens	B.	☐ YES ☑ NO If YES, give details:			
			II 1E3, give details.			
	b. Have you been criminally charged before any court?	☐ 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 I	YES V NO				
	any court or tribunal?		If YES, give details:			
37.	Have you ever been separated from the service in any of the fo	ollowing modes: resignation, retirement,	YES INO			
	dropped from the rolls, dismissal, termination, end of term, finis	If YES, give details:				
	the public or private sector?	Plant 19				
38.	a. Have you ever been a candidate in a national or local election	on held within the last year (except	☐ YES ☑ NO			
Barangay election)?			If YES, give details:			
	b. Have you resigned from the government service during the \boldsymbol{t}		☐ YES ☑ NO			
	election to promote/actively campaign for a national or local ca	ndidate?	If YES, give details:			
39.	Have you acquired the status of an immigrant or permanent re-	sident of another country?	YES NO			
		a set a morrow a common	If YES, give details (country):			
10.	Pursuant to: (a) Indigenous People's Act (RA 8371); (b) Magna and (c) Solo Parents Welfare Act of 2000 (RA 8972), please at		40 (8-25 and a second s			
	Are you a member of any indigenous group?	iswal the following items.	D D			
	The year a member of any mangerious group.	☐ YES ☑ NO If YES, please specify:				
Are you a person with disability?			YES NO			
		the field of shape many about the sales and the sales are also seen as the sales are also as the sales are als	If YES, please specify ID No:			
	Are you a solo parent?	☐ YES ☑ NO If YES, please specify ID No:				
			in 120, place open			
11.	REFERENCES (Person not related by consanguinity or affinity to applicant /					
	NAME	ADDRESS	TEL. NO.			
	DR. JOSHUE ZURIEL TIEMPO	MACROHON SO. LEYTE	0917-881-0565			
	BISHOP DULCE PIA-ROSE	MAASIN CITY	0922-590-4678			
_	PROF PERLA MALAZARTE	ORMOC CITY	0917-306-3544			
12.	I declare under oath that I have personally accomplished this		rrect and complete			
	statement pursuant to the provisions of pertinent laws, rules a	nd regulations of the Republic of the Phil	ippines. I authorize			
	the agency head / authorized representative to verify/verisrepresentation made in this document and its attachments					
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	overnment Issued ID (i.e.Passport, GSIS, SSS, PRC, Driver's License, etc.)	(/	A STATE OF THE PARTY OF THE PAR			
F	LEASE INDICATE ID Number and Date of Issuance	trasmon				
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F	DIAMETER SUBSCRIBED AND SWORN to before me this	Date Accomplished V 2020 , affiant exhibitin	Right Thumbmark			
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11	DIAMETER SUBSCRIBED AND SWORN to before me this	Date Accomplished V 2020 , affiant exhibitin	Right Thumbmark g his/her validly issued government ID as indicated above.			

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: January 30, 2017- present
- Position: Clinical Instructor
- · Name of Office/Unit: College of Nursing
- Immediate Supervisor: Ms. Jesusa M. Magno, MA
- Name of Agency/Organization and Location: Visayas State University/ Baybay Leyte
 - Summary of Actual Duties
 - Supervises students in the clinical areas (Operating room, emergency room)
 - o Prepares lectures as per assigned by the immediate supervisor
 - Conducts research relavant to the university thrust
 - Delivery of extension activities as per approved by the university
- Duration: June 17, 2011- January 17, 2017
- Position: Clinical Instructor
- Name of Office/Unit: College of Nursing
- Immediate Supervisor: Ms. Miraluna B. Caturan, MA
- Name of Agency/Organization and Location: The College of Maasin/ Southern Leyte
 - List of Accomplishments and Contributions (if any)
 - Responsible in the preparation of lectures ssigned by the immediate supervisor
 - Responsible in the preparation of exhibits during accrediation periods
 - Summary of Actual Duties
 - Supervises students in the clinical areas (Operating room, emergency room)
- Duration: February 15, 2010- October 19, 2011
- · Position: Nurse
- Name of Office/Unit: Nursing Sevice
- Immediate Supervisor: Mrs. Josefina Moriles, MN
- Name of Agency/Organization and Location: Ormoc District Hospital/ Ormoc Leyte
 - Summary of Actual Duties
 - Promotes and restores patients' health by completing the nursing process.
 - Collaborates with physicians and multidisciplinary team members.
 - Provides physical and psychological support to patients and significant others.

(Signature over Printed Name of Employee/Applicant)

JOEL REY

Date: 10 June 2020