

CS Form No. 212  
Revised 2017

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.

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. SURNAMEACOB

FIRST NAMEJOEL REYNAME EXTENSION (JR., SR)

MIDDLE NAMEUGSANG

3. DATE OF BIRTH (mm/dd/yyyy)05/15/1988

4. PLACE OF BIRTHAURORA ISABELA

5. SEXMaleFemale

6. CIVIL STATUSSingleMarriedWidowedSeparatedOther/s:

7. HEIGHT (m)5'6"

8. WEIGHT (kg)70 KGS

9. BLOOD TYPEO+

10. GSIS ID NO.0111-4317355-0

11. PAG-IBIG ID NO.1210-8372-5551

12. PHILHEALTH NO.13-050125995-1

13. SSS NO.0631-460-394

14. TIN NO.412-316-457

15. AGENCY EMPLOYEE NO.V00965

16. CITIZENSHIPFilipinoDual Citizenshipby birthby naturalizationPls. indicate country:

17. RESIDENTIAL ADDRESSHouse/Block/Lot No. StreetWORLD VISION LINAOSubdivision/Village BarangayORMOC LEYTECity/Municipality Province6541

18. PERMANENT ADDRESSHouse/Block/Lot No. StreetWORLD VISION LINAOSubdivision/Village BarangayORMOC LEYTECity/Municipality Province6541

19. TELEPHONE NO.N/A

20. MOBILE NO.0956-916-1146

21. E-MAIL ADDRESS (if any)joel.acob@vsu.edu.ph

II. FAMILY BACKGROUND

22. SPOUSE'S SURNAMEN/A

FIRST NAMENAME EXTENSION (JR., SR)

MIDDLE NAME

OCCUPATION

EMPLOYER/BUSINESS NAME

BUSINESS ADDRESS

TELEPHONE NO.

23. NAME of CHILDREN (Write full name and list all)N/A

DATE OF BIRTH (mm/dd/yyyy)

24. FATHER'S SURNAMEACOB

FIRST NAMEBONIFACIONAME EXTENSION (JR., SR)

MIDDLE NAMESOLANO

25. MOTHER'S MAIDEN NAMEUGSANG

SURNAMELORENO

FIRST NAMEJOCYLYN

MIDDLE NAMEBATINGAL

(Continue on separate sheet if necessary)

III. EDUCATIONAL BACKGROUND

26. LEVELNAME OF SCHOOL (Write in full)BASIC EDUCATION/DEGREE/COURSE (Write in full)PERIOD OF ATTENDANCEHIGHEST LEVEL/ UNITS EARNED (if not graduated)YEAR GRADUATEDSCHOLARSHIP/ ACADEMIC HONORS RECEIVED

FromTo

ELEMENTARYCARIDA ELEMENTARY SCHOOLBASIC EDUCATION06/12/199403/27/20001ST HONOR2000N/A

SECONDARYDR. GERONIMO B. ZALDIVAR MEM SCH OF FISHERIESSECONDARY EDUCATION06/10/200004/12/20052ND HONOR2005N/A

COLLEGESAN LORENZO RUIZ COLLEGEBACHELOR OF SCIENCE IN NURSING06/09/200503/27/20092009N/A

GRADUATE STUDIESSOUTHWESTERN UNIVERSITYMAIN NURSING05/13/201005/17/20112011N/A

GRADUATE STUDIESST PAUL UNIVERSITY PHILIPPINESDOCTOR OF SCIENCE IN NURSING06/14/201506/01/20192019

(Continue on separate sheet if necessary)

SIGNATUREjoel acob

DATE10 June 2020

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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	79.0	NOV 6-7, 2010	TACLOBAN CITY	0611418	05/15/2022
	NC II IN HEALTH CARE SERVICES		05/04/2013	MAASIN CITY, SO. LEYTE		


(Continue on separate sheet if necessary)

#### V. WORK EXPERIENCE

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

[illegible]

(Continue on separate sheet if necessary)

SIGNATURE	
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DATE	10 June 2020
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## VI. VOLUNTARY WORK OR INVOLVEMENT IN CIVIC / NON-GOVERNMENT / PEOPLE / VOLUNTARY ORGANIZATION/S

[illegible]

(Continue on separate sheet if necessary)

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

[illegible]

(Continue on separate sheet if necessary)

## VIII. OTHER INFORMATION

[illegible]

(Continue on separate sheet if necessary)

SIGNATURE		DATE	10 June 2020	CS FORM 212 (Revised 2017), Page 3 of 4
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<p>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,</p> <p>a. within the third degree?</p> <p>b. within the fourth degree (for Local Government Unit - Career Employees)?</p>	<p><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>If YES, give details: _____</p>												
<p>35. a. Have you ever been found guilty of any administrative offense?</p> <p>b. Have you been criminally charged before any court?</p>	<p><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>If YES, give details: _____</p> <p><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>If YES, give details: _____</p> <p style="text-align: right;">Date Filed: _____</p> <p style="text-align: right;">Status of Case/s: _____</p>												
<p>36. Have you ever been convicted of any crime or violation of any law, decree, ordinance or regulation by any court or tribunal?</p>	<p><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>If YES, give details: _____</p>												
<p>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?</p>	<p><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>If YES, give details: _____</p>												
<p>38. a. Have you ever been a candidate in a national or local election held within the last year (except Barangay election)?</p> <p>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?</p>	<p><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>If YES, give details: _____</p> <p><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>If YES, give details: _____</p>												
<p>39. Have you acquired the status of an immigrant or permanent resident of another country?</p>	<p><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>If YES, give details (country): _____</p>												
<p>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:</p> <p>a. Are you a member of any indigenous group?</p> <p>b. Are you a person with disability?</p> <p>c. Are you a solo parent?</p>	<p><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>If YES, please specify: _____</p> <p><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>If YES, please specify ID No.: _____</p> <p><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>If YES, please specify ID No.: _____</p>												
<p>41. REFERENCES (Person not related by consanguinity or affinity to applicant/appointee)</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 40%;">NAME</th> <th style="width: 40%;">ADDRESS</th> <th style="width: 20%;">TEL. NO.</th> </tr> </thead> <tbody> <tr> <td>DR. JOSHUE ZURIEL TIEMPO</td> <td>MACROHON SO. LEYTE</td> <td>0917-881-0565</td> </tr> <tr> <td>BISHOP DULCE PIA-ROSE</td> <td>MAASIN CITY</td> <td>0922-590-4678</td> </tr> <tr> <td>PROF PERLA MALAZARTE</td> <td>ORMOC CITY</td> <td>0917-306-3544</td> </tr> </tbody> </table>		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
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<p>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.</p>													
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="2">Government Issued ID (i.e. Passport, GSIS, SSS, PRC, Driver's License, etc.)</td> </tr> <tr> <td colspan="2">PLEASE INDICATE ID Number and Date of Issuance</td> </tr> <tr> <td>Government Issued ID:</td> <td>PRC ID- 0611418</td> </tr> <tr> <td>ID/License/Passport No.:</td> <td></td> </tr> <tr> <td>Date/Place of Issuance:</td> <td>TACLOBAN CITY</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- 0611418	ID/License/Passport No.:		Date/Place of Issuance:	TACLOBAN CITY	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="text-align: center;">             Signature (Sign inside the box)  <b>10 June 2020</b>            Date Accomplished         </td> </tr> </table>	 Signature (Sign inside the box) <b>10 June 2020</b> Date Accomplished	
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<div style="display: flex; justify-content: space-between; align-items: center;"> <div style="width: 45%;"> <p>SUBSCRIBED AND SWORN to before me this <b>24 JUN 2020</b></p> </div> <div style="width: 50%; text-align: right;"> <p>, affiant exhibiting his/her validly issued government ID as indicated above.</p> </div> </div> <div style="text-align: center; margin-top: 20px;">   <b>ATTY. RYSAN C. GUINOCOR</b>        VSU LEGAL OFFICER        Person Administering Oath     </div>													

**JOEL REY U. ACOB**  
  
 Right Thumbmark



WORK EXPERIENCE SHEET

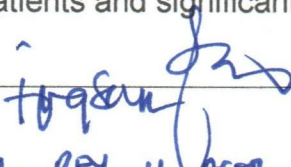
**Instructions:** 1. Include only the work experiences relevant to the position being applied for.

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)
  - 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 accreditation 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.

  
JOEL REY U. ACAS  
(Signature over Printed Name  
of Employee/Applicant)

Date: 10 June 2020