

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	RELEVO		
FIRST NAME	VENICE LOU GABRIELLE		NAME EXTENSION (JR., SR)
MIDDLE NAME	COMOTA		
3. DATE OF BIRTH (mm/dd/yyyy)	09/27/1990	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	MAHAPLAG, LEYTE	If holder of dual citizenship, please indicate the details.	
5. SEX	<input type="checkbox"/> Male <input checked="" type="checkbox"/> Female		
6 CIVIL STATUS	<input checked="" type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Separated <input type="checkbox"/> Other/s:	17. RESIDENTIAL ADDRESS	J.P. RIZAL BOULEVARD House/Block/Lot No. Street POBLACION ZONE 10 Subdivision/Village Barangay CITY OF BAYBAY LEYTE City/Municipality Province
7. HEIGHT (m)	1.64 m	ZIP CODE	6521
8. WEIGHT (kg)	65 kg	18. PERMANENT ADDRESS	J.P. RIZAL BOULEVARD House/Block/Lot No. Street POBLACION ZONE 10 Subdivision/Village Barangay CITY OF BAYBAY LEYTE City/Municipality Province
9. BLOOD TYPE	B+	ZIP CODE	6521
10. GSIS ID NO.	2006371269	19. TELEPHONE NO.	
11. PAG-IBIG ID NO.	1212-8355-5584	20. MOBILE NO.	0995 - 916 - 0075
12. PHILHEALTH NO.	13-025135941-6	21. E-MAIL ADDRESS (if any)	venicerelevo@gmail.com
13. SSS NO.	06-3131059-6		
14. TIN NO.	410-140-715		
15. AGENCY EMPLOYEE NO.			

II. FAMILY BACKGROUND

22. SPOUSE'S SURNAME	N/A		23. NAME of CHILDREN (Write full name and list all)	DATE OF BIRTH (mm/dd/yyyy)
FIRST NAME	N/A	NAME EXTENSION (JR., SR)	GIANNA LOU ANDREA R. BACALSO	08/25/2015
MIDDLE NAME	N/A		JOSE LLANO ALFONSO R. BACALSO	04/19/2021
OCCUPATION	N/A			
EMPLOYER/BUSINESS NAME	N/A			
BUSINESS ADDRESS	N/A			
TELEPHONE NO.	N/A			
24. FATHER'S SURNAME	RELEVO			
FIRST NAME	VERTILLANO	NAME EXTENSION (JR., SR) III		
MIDDLE NAME	MESARIO			
25. MOTHER'S MAIDEN NAME				
SURNAME	COMOTA			
FIRST NAME	VILMA			
MIDDLE NAME	SENARIO		(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	FRANCISCAN COLLEGE OF THE IMMACULATE CONCEPTION	PRIMARY EDUCATION	1997	2003	GRADUATE	2003	N/A
SECONDARY	FRANCISCAN COLLEGE OF THE IMMACULATE CONCEPTION	HIGH SCHOOL	2003	2007	GRADUATE	2007	N/A
VOCATIONAL / TRADE COURSE	N/A	N/A	N/A	N/A	N/A	N/A	N/A
COLLEGE	CEBU DOCTORS UNIVERSITY	BACHELOR OF SCIENCE IN NURSING	2007	2011	GRADUATE	2011	N/A
GRADUATE STUDIES	UNIVERSITY OF SAN CARLOS	MASTER OF ARTS IN NURSING MAJOR IN CLINICAL SUPERVISION	2012	2013	GRADUATE	2013	N/A
GRADUATE STUDIES	CEBU DOCTORS UNIVERSITY	DOCTOR OF MEDICINE	2013	2014	1ST YEAR	N/A	N/A
GRADUATE STUDIES	SOUTHWESTERN UNIVERSITY PHINMA	DOCTOR OF MEDICINE	2014	2018	4TH YEAR	N/A	N/A

SIGNATURE		DATE	
		2/7/2024	



[illegible]

## V. WORK EXPERIENCE

[illegible]

SIGNATURE	<i>Keris Pulu</i>	DATE	2 / 7 / 2024
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[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)

31. SPECIAL SKILLS and HOBBIES	32. NON-ACADEMIC DISTINCTIONS / RECOGNITION (Write in full)	33. MEMBERSHIP IN ASSOCIATION/ORGANIZATION (Write in full)
N/A	N/A	Philippine Nurses Association, Inc
		Occupational Health Nurses Association of the Philippines

(Continue on separate sheet if necessary)

SIGNATURE		DATE	
		2/7/2024	



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:  
Finished Contract

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.
Dr. Peter Aznar	Cebu City, Cebu	(032) 416 4680
Climaco Espina	Bohol	639175508488
Dr. Jake Jandumon	Cebu City, Cebu	09068306949

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.



VENICE LOU GABRIELLE C. RELEVO


PHOTO

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.: 0749219


Date/Place of Issuance: 03/23/2012/ CEBU CITY



Signature (Sign inside the box)


2/27/2024

Date Accomplished



Right Thumbmark

SUBSCRIBED AND SWORN to before me this 08 FEB 2024, affiant exhibiting his/her validly issued government ID as indicated above.



ATTY. RYSZARD C. GUINOCOR

VSU Chief Legal Officer

Person Administering Oath

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**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


**Sample: If applying to Supervising Administrative Officer**

- Duration: February 11, 2011 – present
- Position: Human Resource Management Officer III
- Name of Office/Unit: Finance and Administrative Service
- Immediate Supervisor: Maria Estrada
- Name of Agency/Organization and Location: Department of Human Resources, Metro Manila

- List of Accomplishments and Contributions (if any)
  - Developed recruitment plan
  - Designed training program for retirees under EO 366
- Summary of Actual Duties
  - Responsible for the management of the recruitment and selection process and the coordination of training activities of the Department; provides assistance in the management of the Division's programs and activities and performs other related functions.

- Duration: January 2, 2002 – February 10, 2011
- Position: Administrative Officer III
- Name of Office/Unit: Finance and Administrative Division
- Immediate Supervisor: Celia Romano
- Name of Agency/Organization and Location: Department of Finance

- List of Accomplishments and Contributions (if any)
- Summary of Actual Duties
  - Responsible for performing administrative and technical tasks e.g., pre-screening of applicants, preparation of monthly report on accession and separation, report of appointments issued, preparation of minutes of meetings of various HR committees and monitoring of trainings conducted; responds to queries and performs other related functions.

  
 Venice Lou Gabrielle C. Relevo  
 (Signature over Printed Name  
 of Employee/Applicant)

Date: 2/24/2024