CS Form No. 212 Revised 2017

PERSONAL DATA SHEET

	() and use separate sheet if neces	oury, mulouto 14	The flot applicable. De fier Fig.		L.	. CS ID No.		(Do not his up. Po	or CSC use on	
PERSONAL INFORMATIO	N						Republic Production			
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				Dual Citizenship			
4. PLACE OF BIRTH	MAHAPLAG, LEYT	E	If holder of dual citizens	hip,		Pls. indicate co				
5. SEX	☐ Male ☑	Female	please indicate the details,							
6 CIVIL STATUS	☑ Single □	Married	17. RESIDENTIAL ADDRESS	L ADDRESS		J.P. RIZAL BOULEVARD				
SOME STATES	☐ Widowed ☐ Separate		to visit in a particular of	House/Block/Lot No. POBL			Street ACION ZONE 10			
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Other/s:	193-15	Care of the care o	Subdivision/Village		Barangay				
7. HEIGHT (m)	1.64 m				OF BAYBAY LEYTE Province					
8. WEIGHT (kg)	65 kg		ZIP CODE	6521		6521	1			
. BLOOD TYPE	B+	B+ 18. PERMANENT ADDRESS House/Block/Lot No.			J.P. RIZ	AL BOULEVA Street	RD			
0. GSIS ID NO.	2006371369		Section (Control of Control of Co			POBLACION ZONE 10				
1. PAG-IBIG ID NO.	1212-8355-5584		CONTRACTOR OF THE	Subdivision/Villa		AY		Barangay LEYTE		
		715.3	THE STAND CANADA	City/Municipality			Province			
12. PHILHEALTH NO.	13-025135941-6		ZIP CODE		6521					
3. SSS NO.	06-3131059-6		19. TELEPHONE NO.							
I. TIN NO.	410-140-715		20. MOBILE NO.		0995 - 916 - 0075					
5. AGENCY EMPLOYEE NO.			21. E-MAIL ADDRESS (if any)		venícerelevo@gmail.com			n		
. FAMILY BACKGROUND				Sypanor State Control		Name and Associated				
2. SPOUSE'S SURNAME		N/A		23. NAME of CHIL	DREN (Write	full name and I	st all)	DATE OF BIRT	H (mm/dd/yy	
FIRST NAME	N/A		NAME EXTENSION (JR., SR)	GIANI	NA LOU ANDREA R. BAG		ACALSO 08/25/2015		/2015	
MIDDLE NAME		N/A		JOSE	LLANO ALF	ONSO R. E	ACALSO	04/19	/2021	
OCCUPATION		N/A						1		
EMPLOYER/BUSINESS NAME		N/A								
BUSINESS ADDRESS		N/A		1					-	
TELEPHONE NO.		N/A		7						
4. FATHER'S SURNAME		RELEVO								
FIRST NAME	VERTILLANO		NAME EXTENSION (JR., SR)							
MIDDLE NAME		MESARIO								
5. MOTHER'S MAIDEN NAME										
SURNAME		COMOTA								
FIRST NAME		VILMA								
MIDDLE NAME		SENARIO			(0	ontinue on se	parate sheet if neces	sary)		
II. EDUCATIONAL BACK	GROUND									
26.	NAME OF SCHOOL (Write in full)		BASIC EDUCATION/DEGRE	E/COLIDSE	PERIOD OF ATTENDANCE		HIGHEST LEVEL/	VEAD	SCHOLARSH	
LEVEL			(Write in full)		From To		UNITS EARNED (if not graduated)	YEAR GRADUATED	HONORS RECEIVED	
FIGURATOR	FRANCISCAN COLLEG I	E OF THE	DDIMADY FOLION	TION			ODADUATE	2222		
ELEMENTARY	IMMACULATE CONCE		PRIMARY EDUCA	TION	1997	2003	GRADUATE	2003	N/A	
SECONDARY VOCATIONAL /	FRANCISCAN COLLEG E OF THE IMMACULATE CONCEPTION		HIGH SCHOOL	-	2003	2007	GRADUATE	2007	N/A	
TRADE COURSE	N/A	A DOMESTIC OF THE PROPERTY OF	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 O	CARLOS	MASTER OF ARTS IN NURSING MAJOR IN CLINICAL SUPERVISION		2012	2013	GRADUATE	2013	N/A	
GRADUATE STUDIES	CEBU DOCTORS UNIV	ERSITY	DOCTOR OF MED	ICINE	2013	2014	1ST YEAR	N/A	N/A	
GRADUATE STUDIES	SOUTHWESTERN UNIVERS			DOCTOR OF MEDICINE		2018	4TH YEAR	N/A	N/A	
SIGNATURE	(Continue on separate sheet if necessary)			ssary)	DATE 2 7 2024					

27. CAREER SERVICE/ RA 1080 (BOARD/ BAR) UNDER		RATING	DATE OF			LICENSE (if a	ipplicable)		
BAF	SPECIAL LAWS/ CES/ CSEE RATING (If Applicable) EXAMINATION / PLACE OF EXAMINATION / CONFERMENT CONFERMENT				NUMBER	Date of Validity			
NURSE LICENSURE EXAMINATION		75%	DEC. 18-19, 2011	CEBU C	ITY, CEBU		0749219	9/27/2026	
			31/10	85 3498 8					
	3 2 2 2						-		
							ADDO.		
111111111									
, wasy -			(C	ontinue on separate sheet if n	ecessary)				
	XPERIENCE ate employment	Start from your recent	work) Descriptio	n of duties should be in	dicated in the attached	l Work Expe	rience sheet.		
8. INCLU	JSIVE DATES m/dd/yyyy)	POSITION T	TLE	DEPARTMENT / AGENC	CY / OFFICE / COMPANY o not abbreviate)	MONTHLY SALARY	SALARY/ JOB/ PAY GRADE (if applicable)& STEP (Format "00-0")/	STATUS OF APPOINTMENT	GOVT SERVICE
From	То			And the Committee of th			INCREMENT		(Y/N)
01/26/2019	PRESENT	ASSISTANT FARM		28.233	JLTRY FARMS	11,000	N/A	PART-TIME	N
04/23/2022	PRESENT	PERSONAL AS		ATTY, VERTILL	ANO RELEVO V	7,000	N/A	PART-TIME	N
03/15/2020	05/20/2023	STORE MAN		RELEVO MI	EATSHOPPE	10,000	N/A	FULL TIME	N
06/30/2018	01/24/2019	GASOLINE STATIO	N MANAGER	RELEVO GASO	DLINE STATION	10,000	N/A	FULL TIME	N
08/28/23	12/31/23	ASSISTANT PRO	FESSOR II	VISAYAS STAT	TE UNIVERSITY	39,672	GRADE 16	SUBSTITUTE	Y
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			1	Assessment					
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			(C	ontinue on separate sheet if n	ecessary)				
SIGNA	TURE	1 Leui	Rele	A 3083 / 34 E3	DATE	2	7 202	L	

IV. CIVIL SERVICE ELIGIBILITY

VI. VOL	UNTARY WORK OR INVOLVEMENT	IN CIVIC / NON-GOVERNMENT	T / PEOPLE / V	DLUNTARY (DRGANIZATION	I/S	
29.	NAME & ADDRESS OF (DRGANIZATION	INCLUSIV (mm/de	E DATES	VENEZA PROPERTURA	almic o kir de	DOORTON AND DE OF WORK
	(Write in fu	1)	From	То	NUMBER OF HOURS	Harris Carle III	POSITION / NATURE OF WORK
	N/A		N/A	N/A	N/A	Umamir vo	N/A
		-34-1			82.10 ² 0.5		The grade of the substitution of the substitut
	ARNING AND DEVELOPMENT (L&D) INTERVENTIONS/TRAINING I		TENDED		ial positions)	
30.	TITLE OF LEARNING AND DEVELOPMENT INTERVENTIONS/TRAINING PROGRAMS (Write in full)		INCLUSIVE DATES OF ATTENDANCE (mm/dd/yyyy)		NUMBER OF HOURS	Type of LD (Managerial/ Supervisory/	CONDUCTED/ SPONSORED BY (Write in full)
			From	То	ederk to	Technical/etc)	CECHNOLEITO OVALEDOV O
	IV THERAPY		07/29/2023	07/30/2023	16		GESUNDHEITS SYNERGY & PROFESSIONAL ADVANCEMENT INSTITU
	BASIC PHLEBOT		07/29/2023	07/30/2023	16	reguert 12.00 g	GESUNDHEITS SYNERGY & PROFESSIONAL ADVANCEMENT INSTITU
	GLUTATHIONE PUSH	f & DRIP	07/31/2023	07/31/2023	6		PFLEGEN TRAINING AND REVIEW CENTER
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							product and the production of the
VIII - A	TUED INCODUATION	(6	ontinue on separate	sheet if necessary	0		
	THER INFORMATION	NO NO	ON-ACADEMIC DISTI		GNITION	0.0878	33. MEMBERSHIP IN ASSOCIATION/ORGANIZ
31.	SPECIAL SKILLS and HOBBIES	32.	(Writ	e in full)			33. (Write in full)
	N/A	N/A				Philippine Nurses Association, Inc Occupational Health Nurses Association	
					Philippines		
				-			
			11/ ₁₀ .	NS02 (111111		HERMAN BOKA PENADESEE
			-2/1/				
		(6	Continue on separate	sheet if necessar	v)		
		1 /Levis					

No.							
34.	chief of bureau or office or to the person who has immediate						
	Bureau or Department where you will be apppointed,						
	a. within the third degree?	☐ YES ☑ NO					
	b. within the fourth degree (for Local Government Unit - Care	er Employees)?	☐ YES ☑ NO				
			If YES, give details:				
35.	a. Have you ever been found guilty of any administrative offer	nse?	☐ YES ☑ NO				
			If YES, give details:				
	b. Have you been criminally charged before any court?		☐ YES ☑ NO				
	b. Ture you soon commany onergee solote any court		If YES, give details:				
			Date Filed:				
erene e	and the second s	a pagang kalung salah salah kepada kalung kepada kepada pagan salah pendah kepada kepada kepada kepada kepada Bangang kepada salah salah kepada	Status of Case/s:				
36.	Have you ever been convicted of any crime or violation of an	☐ YES ☑ NO					
	any court or tribunal?	If YES, give details:					
37.	Have you ever been separated from the service in any of the						
	dropped from the rolls, dismissal, termination, end of term, find in the public or private sector?	nished contract or phased out (abolition)) If YES, give details: Finished Contract				
38.	A. Have you ever been a candidate in a national or local electron Barangay election)?	☐ YES ☑ NO If YES, give details:	0				
	b. Have you resigned from the government service during th	e three (3)-month period before the last	☐ YES ☑ NO				
	election to promote/actively campaign for a national or local	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) Mag	ina Carta for Disabled Persons (RA					
	7277); and (c) Solo Parents Welfare Act of 2000 (RA 8972),						
a.	Are you a member of any indigenous group?	☐ YES ☑ N	0				
			If YES, please specify:				
b.	Are you a person with disability?		☐ YES ☑ NO				
			If YES, please specify ID No:				
C.	Are you a solo parent?		☐ 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	(S S			
	Climaco Espina	Bohol	639175508488	42			
	Dr. Jake Jandumon	Cebu City, Cebu	09068306949				
42.	I declare under oath that I have personally accomplished	this Personal Data Sheet which is a t	rue, correct and				
	complete statement pursuant to the provisions of pertin			Noutlew MICE LOY GARRIELLE C. RELEVO			
	Philippines. I authorize the agency head/authorized represe agree that any misrepresentation made in this docu						
	administrative/criminal case/s against me.	ment and its attachments shall caus	se the filling of	РНОТО			
1	Government Issued ID (i.e.Passport, GSIS, SSS, PRC, Driver's License, etc.)						
	PLEASE INDICATE ID Number and Date of Issuance	uh.					
0	Government Issued ID: PRC	// pink elem					
	D/License/Passport No.: 0749219	av)					
	hate/Place of Issuance: 03/23/2012/ CEBU CITY	Signature (Sign inside the b	0.1	Right Thumbmark			
۲	SUBSCRIBED AND SWORN to before me this 0 8	FFD BBQ1	ing his/hor volidly issued				
	SOBSCRIBED AND SWORM to belore the this	, amant exhibit	ing his/her validly issued governm	ent io as indicated above.			
	_ I	ATTY, RYSKA C. GUINOCO	OR CONTRACTOR				
		VSU Cylef Legal Officer					
		Person Administering Oa	th				

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:

2024