

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	MENESES		
FIRST NAME	RAZA CRECIA		NA
MIDDLE NAME	LASTRILLA		
3. DATE OF BIRTH (mm/dd/yyyy)	8/4/1985	16. CITIZENSHIP	<input checked="" type="checkbox"/> Filipino <input type="checkbox"/> Dual Citizenship <input checked="" type="checkbox"/> by birth <input type="checkbox"/> by naturalization Pls. indicate country:
4. PLACE OF BIRTH	TACLOBAN CITY	If holder of dual citizenship, please indicate the details: Philippines	
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	UNIT 105 Warner Apartment NA House/Block/Lot No. Street VISCA Pangasugan Subdivision/Village Barangay Baybay City LEYTE City/Municipality Province ZIP CODE 6521
7. HEIGHT (m)	1.23	18. PERMANENT ADDRESS	B27 L7 JUPITER ALLEY House/Block/Lot No. Street PHASE 2B V&G SUBDIVISION 109 Subdivision/Village Barangay TACLOBAN CITY LEYTE City/Municipality Province ZIP CODE 6500
8. WEIGHT (kg)	70 KGS	19. TELEPHONE NO.	NA
9. BLOOD TYPE	A	20. MOBILE NO.	09084699646
10. GSIS ID NO.	0204108409	21. E-MAIL ADDRESS (if any)	razameneses@gmail.com
11. PAG-IBIG ID NO.	913248137213		
12. PHILHEALTH NO.	1300-0104-5270		
13. SSS NO.	NA		
14. TIN NO.	412-359-360		
15. AGENCY EMPLOYEE NO.	V000724		

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	NA	N/A	
MIDDLE NAME	N/A			
OCCUPATION	N/A			
EMPLOYER/BUSINESS NAME	N/A			
BUSINESS ADDRESS	N/A			
TELEPHONE NO.	N/A			
24. FATHER'S SURNAME	MENESES			
FIRST NAME	NILO	NA		
MIDDLE NAME	PINGOL			
25. MOTHER'S MAIDEN NAME				
SURNAME	LASTRILLA			
FIRST NAME	FLORENTINA			
MIDDLE NAME	EVANGELISTA			

(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	ST. THERESE CHILD DEVELOPMENT CENTER	PRIMARY EDUCATION	JUNE 1992	MARCH 19 98	NA	1998	WITH HONORS
SECONDARY	LEYTE NATIONAL HIGH SCHOOL	SECONDARY EDUCATION	JUNE 1998	MARCH 20 02	NA	2002	SCIENCE ENTHUSIAST
VOCATIONAL / TRADE COURSE	SM COLEGIO DE LEYTE, INC	HEALTH CARE SERVICES NCII	6/6/2010	NOVEMBER 2010	NA	2010	NA
COLLEGE	REMEDIOS TRINIDAD ROMUALDEZ MEDICAL FOUNDATION	BACHELOR OF SCIENCE IN NURSING	JUNE 2002	APRIL 2006	NA	2006	NA
GRADUATE STUDIES	UNIVERSITY OF SAN CARLOS	MASTER OF ARTS IN NURSING (Clinical Supervision)	JUNE 2010	MAY 2011	NA	2011	NA

(Continue on separate sheet if necessary)

SIGNATURE		DATE	4/24/17
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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	77.2	6/1/2006	CEBU CITY	0401666	8/4/2019
	NATIONAL CERTIFICATE II IN HEALTHCARE SERVICES	NA	6/14/2009	TACLOBAN CITY	0908502479	NA
	NATIONAL CERTIFICATE II IN HOUSEKEEPING SERVICES	NA	6/28/2009	TACLOBAN CITY	09080502648	NA
	National TVET Trainors Level 1 (TQ1) and National TVET Assessors Level 1 (AQ1)	NA	6/30/2009	TACLOBAN CITY	0908030213188	NA

V. WORK EXPERIENCE

[illegible]

(Continue on separate sheet if necessary)

SIGNATURE

DATE _____

04 | 24 | 17

VI. VOLUNTARY WORK OR INVOLVEMENT IN CIVIC / NON-GOVERNMENT / PEOPLE / VOLUNTARY ORGANIZATION'S

29.	NAME & ADDRESS OF ORGANIZATION (Write in full)	INCLUSIVE DATES (mm/dd/yyyy)		NUMBER OF HOURS	POSITION / NATURE OF WORK
		From	To		
	OUR LADY OF THE MIRACULOUS MEDAL LECTORS GUILD	1/9/2008	12/30/2010	624.0	LECTOR

(Continue on separate sheet if necessary)

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

(Start from the most recent L&D training program and include only the relevant L&D training taken for the last five (5) years for Division Chief/Executive/Managerial 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/ Technical/etc)	CONDUCTED/ SPONSORED BY (Write in full)
		From	To			
	TRAINING ON HOW TO HANDLE SEXUAL HARASSMENT CASES IN THE ACADEME	11/29/2016	11/29/2016	8.0	MANAGERIAL	VISAYAS STATE UNIVERSITY
	1ST INTERNATIONAL CONFERENCE ON NURSING EDUCATION	10/7/2016	10/7/2016	8.0	MANAGERIAL	ASSOCIATION OF DEANS OF PHILIPPINE COLLEGES OF NURSING, INC.
	GENDER AND DEVELOPMENT REORIENTATION FOR FRONTLINERS, DEPARTMENT HEADS AND CENTER DIRECTORS OF VSU	9/19/2016	9/19/2016	8.0	MANAGERIAL	VISAYAS STATE UNIVERSITY
	PROCUREMENT ACT ORIENTATION	9/15/2016	9/15/2016	8.0	TECHNICAL	VISAYAS STATE UNIVERSITY
	PROCUREMENT PLANNING WORKSHOP	9/13/2016	9/13/2016	8.0	TECHNICAL	VISAYAS STATE UNIVERSITY
	NURSING CORE COMPETENCY STANDARDS FOR SAFE NURSING AND NAVIGATING CHANGE THROUGH NURSING RESEARCH	3/18/2013	3/18/2013	8.0	MANAGERIAL	ASSOCIATION OF DEANS OF PHILIPPINE COLLEGES OF NURSING, INC.
	FUTURE TRENDS OF NURSING IN THE PHILIPPINES	3/17/2013	3/17/2013	8.0	TECHNICAL	ASSOCIATION OF DEANS OF PHILIPPINE COLLEGES OF NURSING, INC.
	FORUM ON COMMON CANCER AFFECTING MEN & WOMEN	8/9/2012	8/9/2012	8.0	TECHNICAL	VISAYAS STATE UNIVERSITY
	THE FUTURE OF NURSING IN THE PHILIPPINES	3/10/2012	3/12/2012	8.0	TECHNICAL	ASSOCIATION OF DEANS OF PHILIPPINE COLLEGES OF NURSING, INC.







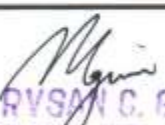
(Continue on separate sheet if necessary)

VIII. OTHER INFORMATION

31.	SPECIAL SKILLS and HOBBIES	32.	NON-ACADEMIC DISTINCTIONS / RECOGNITION (Write in full)	33.	MEMBERSHIP IN ASSOCIATION/ORGANIZATION (Write in full)
	EVENTS ORGANIZER		NA		PHILIPPINE NURSES ASSOCIATION
	ARTISTIC				RENAL NURSES ASSOCIATION OF THE PHILIPPINES
	COMPUTER LITERATE				OPERATING ROOM NURSES ASSOCIATION OF THE PHILIPPINES
					GERONTOLOGY NURSES ASSOCIATION OF THE PHILIPPINES

(Continue on separate sheet if necessary)

SIGNATURE		DATE	04/24/17
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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>Date Filed: _____</p> <p>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 checked="" type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>If YES, give details: <u>Resigna</u></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: 33%;">NAME</th><th style="width: 33%;">ADDRESS</th><th style="width: 33%;">TEL. NO.</th></tr></thead><tbody><tr><td>FR. RONNEL TABOSO</td><td>Sto. Niño Church Parish Rectory, Tacloban City</td><td>9298837788</td></tr><tr><td>Dean Socorro S. Gasco</td><td>Remedios Trinidad Romualdez Medical Foundation</td><td>9175064844</td></tr><tr><td>Michelle Tolibas</td><td>Visca, Baybay City, Leyte</td><td>9152857771</td></tr></tbody></table>		NAME	ADDRESS	TEL. NO.	FR. RONNEL TABOSO	Sto. Niño Church Parish Rectory, Tacloban City	9298837788	Dean Socorro S. Gasco	Remedios Trinidad Romualdez Medical Foundation	9175064844	Michelle Tolibas	Visca, Baybay City, Leyte	9152857771
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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</td></tr><tr><td>ID/License/Passport No.:</td><td>0410666</td></tr><tr><td>Date/Place of Issuance:</td><td>11/24/06 / 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/License/Passport No.:	0410666	Date/Place of Issuance:	11/24/06 / Tacloban City	<table border="1" style="width: 100%; border-collapse: collapse;"><tr><td style="text-align: center; height: 100px;"> Signature (Sign inside the box)</td></tr><tr><td style="text-align: center;">04/24/17 Date Accomplished</td></tr></table>	 Signature (Sign inside the box)	04/24/17 Date Accomplished
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<p>SUBSCRIBED AND SWORN to before me this <u>APR 26 2017</u>, affiant exhibiting his/her validly issued government ID as indicated above.</p> <div style="text-align: center; margin-top: 20px;"> ATTY. RYSAN C. GUINOCOR NOTARY PUBLIC UNTIL FEBRUARY 2018 Person Administering Oath</div>													

