CS Form No. 212 Revised 2017 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 READ THE ATTACHED GUIDE TO FILLING OUT THE PERSONAL DATA SHEET (PDS) BEFORE ACCOMPLISHING THE PDS FO<u>RM</u> 1. CS ID No. (Do not fill up. For CSC use only Print legibly. Tick appropriate boxes 🔲) and use separate sheet if necessary. Indicate N/A if not applicable. DO NOT ABBREVIATE. PERSONAL INFORMATION 2. SURNAME **MILALLOS** IAME EXTENSION (JR., SR) FIRST NAME MARK GILBERT MIDDLE NAME SINSUAN 3. DATE OF BIRTH 10/02/90 16. CITIZENSHIP ✓ Filipino Dual Citizenship (mm/dd/yyyy) 4. PLACE OF BIRTH CAGAYAN DE ORO CITY If holder of dual citizenship, Pls. indicate country: please indicate the details. Female 5 SFX ✓ Male • THE SEVEN ARCANGELS PENSION HOUSE UYTENGSU EXT. ✓ Single Married 17. RESIDENTIAL ADDRESS 6 CIVIL STATUS House/Block/Lot No Widowed Separated Street SAMBAG II Other/s: Subdivision/Village Barangay CEBU CITY CERII 7. HEIGHT (m) 1.68 Citv/Municipality Province 8. WEIGHT (kg) 120 ZIP CODE 6000 18. PERMANENT ADDRESS B712 9. BLOOD TYPE AB "+" House/Block/Lot No Street VILLA THERESA HEIGHTS SUBD. SAN ISIDRO 10 GSIS ID NO 2005811622 Subdivision/Village Barangay ORMOC CITY LEYTE 11. PAG-IBIG ID NO. 121026862816 City/Municipality Province 12. PHILHEALTH NO. 120509191390 ZIP CODE 6541 13. SSS NO. 0630550331 19. TELEPHONE NO. N/A 14. TIN NO. 293703317 20. MOBILE NO. 09275646200 15. AGENCY EMPLOYEE NO. N/A 21. E-MAIL ADDRESS (if any) markmilallos@outlook.com II. FAMILY BACKGROUND N/A 22. SPOUSE'S SURNAME 23. NAME of CHILDREN (Write full name and list all) DATE OF BIRTH (mm/dd/yyyy) NAME EXTENSION (JR., SR) N/A N/A FIRST NAME N/A N/A MIDDLE NAME OCCUPATION EMPLOYER/BUSINESS NAME **BUSINESS ADDRESS** TELEPHONE NO. **MILALLOS** 24. FATHER'S SURNAME NAME EXTENSION (JR., SR) N/A **GILBERT** FIRST NAME COQUILLA MIDDLE NAME 25. MOTHER'S MAIDEN NAME SINSUAN SURNAME FIRST NAME **MARIA ELIZELDA** MIDDLE NAME **ARTACHO** (Continue on separate sheet if necessary) **EDUCATIONAL BACKGROUND** SCHOLARSHIP/ PERIOD OF ATTENDANCE HIGHEST LEVEL/ 26. BASIC EDUCATION/DEGREE/COURSE NAME OF SCHOOL ACADEMIC UNITS EARNED (if not graduated) LEVEL HONORS RECEIVED GRADUATED (Write in full) (Write in full) From То ELEMENTARY ORMOC CITY CENTRAL SPED CENTER **GRADE SCHOOL** 2001 N/A 2001 N/A 1995 NEW ORMOC CITY NATIONAL HIGH SCHOOL HIGH SCHOOL SECONDARY 2002 2006 N/A 2006 N/A VOCATIONAL / N/A

DIPLOMA IN PROFESSIONAL EDUCATION

DOCTOR OF SCIENCE IN NURSING

rate sheet if neces

2013

2019

2014

DATE

PRESENT

N/A

54 UNITS

TRADE COURSE

GRADUATE STUDIES

SIGNATURE

COLLEGE

CEBU TECHNOLOGICAL UNIVERSITY

CEBU NORMAL UNIVERSITY

N/A

N/A

2014

N/A

July 18, 2024

CS Form No. 212 Revised 2017 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 READ THE ATTACHED GUIDE TO FILLING OUT THE PERSONAL DATA SHEET (PDS) BEFORE ACCOMPLISHING THE PDS FO<u>RM</u> 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 PERSONAL INFORMATION 2. SURNAME MILALLOS IAME EXTENSION (JR., SR) FIRST NAME MARK GILBERT MIDDLE NAME SINSUAN 3. DATE OF BIRTH 16. CITIZENSHIP ✓ Filipino Dual Citizenship (mm/dd/yyyy) by birth by naturalization 4. PLACE OF BIRTH If holder of dual citizenship, Pls. indicate country: please indicate the details. Female Male 5 SFX • Single Married 17. RESIDENTIAL ADDRESS 6 CIVIL STATUS House/Block/Lot No. Widowed Separated Street Other/s: Subdivision/Village Barangay 7. HEIGHT (m) City/Municipality Province 8. WEIGHT (kg) ZIP CODE 6000 18. PERMANENT ADDRESS 9. BLOOD TYPE House/Block/Lot No. Street 10 GSIS ID NO Subdivision/Village Barangay 11. PAG-IBIG ID NO. City/Municipality Province 12. PHILHEALTH NO. ZIP CODE 13. SSS NO. 19. TELEPHONE NO. 14. TIN NO. 20. MOBILE NO. 15. AGENCY EMPLOYEE NO. 21. E-MAIL ADDRESS (if any) II. FAMILY BACKGROUND DATE OF BIRTH (mm/dd/yyyy) 22. SPOUSE'S SURNAME 23. NAME of CHILDREN (Write full name and list all) NAME EXTENSION (JR., SR) FIRST NAME MIDDLE NAME OCCUPATION EMPLOYER/BUSINESS NAME BUSINESS ADDRESS TELEPHONE NO. 24. FATHER'S SURNAME NAME EXTENSION (JR., SR) N/A FIRST NAME MIDDLE NAME 25. MOTHER'S MAIDEN NAME SURNAME FIRST NAME MIDDLE NAME (Continue on separate sheet if necessary) EDUCATIONAL BACKGROUND SCHOLARSHIP/ 26. PERIOD OF ATTENDANCE HIGHEST LEVEL/ BASIC EDUCATION/DEGREE/COURSE NAME OF SCHOOL ACADEMIC UNITS EARNED (if not graduated) LEVEL HONORS RECEIVED GRADUATED (Write in full) (Write in full) From То ELEMENTARY LINAO NATIONAL HIGH SCHOOL **SECONDARY** HIGH SCHOOL 2001 2002 FIRST YEAR N/A N/A VOCATIONAL / TRADE COURSE UNIVERSITY OF CEBU - BANILAD BACHELOR OF SCIENCE IN NURSING COLLEGE 2006 2010 N/A 2010 N/A GRADUATE STUDIES **CEBU NORMAL UNIVERSITY** MASTER OF SCIENCE IN NURSING 2014 2018 N/A 2018 N/A

on separate sheet if necessary)

DATE

SIGNATURE

July 18, 2024

Part	IV. CIVIL SERVICE ELIGIBILITY									
RA1099 (LICENSEE EXAMINATION) RA1099	SDECIAL LAWS/ CES/ CSEE							RMENT		
RATION (NURSING LICENSURE EXAMINATION) 7.8.6 7.702016-7402018 CEBU CITY 0.0659917 1.000222 1.00077 1.0007	BARANGAY ELIGIBILITY / DRIVER'S LICENSE			(If Applicable)		PLACE OF EXAMINATION / CONFERMENT			NUMBER	
				81.2	01/26/14	CEBU CITY			1288646	10/02/23
WORK EXPERIENCE	·			79.6	7/3/2010-7/4/2010	CEBU	J CITY		0659917	10/02/22
WORK EXPERIENCE										
WORK EXPERIENCE										
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WORK EXPERIENCE										
WORK EXPERIENCE				(Con	tinus an annuata abast	if managed in				
	V. WORK E	EXPERIENCE		(Con	tinue on separate sneet	in necessary)				
POSTINITE PROSERVICE PROCESSE PROCES			ent. Start from your recen	t work) Descriptio	on of duties should	be indicated in the attacl	hed Work Ex		et.	
1231922 CLINICAL INSTRUCTOR CEBU NORMAL UNIVERSITY 28,051.00 NIA CONTRACTUAL N	(m	nm/dd/yyyy)						GRADE (if applicable)& STEP (Format "00-0")/		SERVICE
123121	01/01/23	Present	CLINICAL INST	RUCTOR	CEBU NOR	MAL UNIVERSITY	45,280.00	N/A	CONTRACTUAL	N
101011/21 03/31/21	08/14/21	12/31/22	CLINICAL INST	RUCTOR	CEBU NOR	MAL UNIVERSITY	26,051.00	N/A	CONTRACTUAL	N
10101/21 0331/21	07/15/21	12/31/21	UNIVERSITY RESEAR	CH ASSOCIATE	CEBU NORMAL UNIVERSITY		26,051.00	SG-12	CONTRACTUAL	N
1990120 129120	01/01/21	03/31/21	NURSE	I			33,575.00	SG-15	JOB ORDER	N
MONTAGE CENTER FOR HEALTH DEVELOPMENT \$2,053.00 \$3,053.0	09/01/20	12/31/20	NURSE	II	1	DEPARTMENT OF HEALTH CENTRAL VISAYAS		SG-15		Υ
Main	06/01/20	08/31/20	NURSE	II	DEPARTMENT OF HEALTH CENTRAL VISAYAS		32,053.00	SG-15	JOB ORDER	N
06/27/16	04/01/20	05/31/20	PUBLIC HEALTH ASSO	OCIATE / NURSE	DEPARTMENT OF HEALTH CENTRAL VISAYAS		32,053.00	SG-15	JOB ORDER	N
07/29/14 04/19/16 NURSE ASSOCIATE Ext. Service PHILIPPINES, INC. 21,900.00 N/A REGULAR N 04/17/12 01/18/14 CUSTOMER SERVICE PROFESSIONAL I STREAM GLOBAL SERVICES, INC. 16,500.00 N/A REGULAR N 11/01/10 07/01/11 NURSE ASSUMPTION COLLEGE THONBURI 30,000.00 N/A CONTRACTUAL N 11/01/10 1/4 ASSUMPTION COLLEGE THONBURI 30,000.00 N/A CONTRACTUAL N 11/01/10 1/4 ASSUMPTION COLLEGE THONBURI 30,000.00 N/A CONTRACTUAL N 11/01/10 1/4 ASSUMPTION COLLEGE THONBURI 30,000.00 N/A CONTRACTUAL N 11/01/10 1/4 ASSUMPTION COLLEGE THONBURI 30,000.00 N/A CONTRACTUAL N 11/01/10 1/4 ASSUMPTION COLLEGE THONBURI 30,000.00 N/A CONTRACTUAL N 11/01/10 1/4 ASSUMPTION COLLEGE THONBURI 30,000.00 N/A CONTRACTUAL N 11/01/10 1/4 <	06/27/16	04/15/20	SENIOR PROCESS EXE	CUTIVE - DATA	COGNIZANT TECHNOLOGY SOLUTIONS		34,654.00	N/A	REGULAR	N
11/01/10 07/01/11 NURSE ASSUMPTION COLLEGE THONBURI 30,000.00 N/A CONTRACTUAL N	07/29/14	04/18/16	NURSE ASSC	CIATE			21,500.00	N/A	REGULAR	N
Continue on separate sheet (fi necessary)	04/17/12	01/18/14	CUSTOMER SERVICE P	ROFESSIONAL I	STREAM GLOBAL SERVICES, INC.		16,500.00	N/A	REGULAR	N
	11/01/10	07/01/11	NURSE	NURSE		ASSUMPTION COLLEGE THONBURI		N/A	CONTRACTUAL	N
		-								
		<u> </u>								
		-								
SIGNATURE DATE July 18, 2024				(Con	tinue on separate sheet	if necessary)				
CS FORM 212 (Revised 2017), Page 2 of	SIGNATURE					DATE		-		

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) From To		NUMBER OF HOURS	POSITION / NATURE OF WORK	
N/A		N/A	N/A	N/A	N/A	
VII. LEARNING AND DEVELOPMENT (L&D)		tinue on separate s)		
	INTERVENTIONS/TRAINING FI	INCLUSIVE DATES OF			Toward	
30. TITLE OF LEARNING AND DEVELOPMENT INTERVENTIONS/TRAINING PROGRAMS (Write in full)			DANCE d/yyyy) To	NUMBER OF HOURS	Type of LD (Managerial/ Supervisory/ Technical/etc)	CONDUCTED/ SPONSORED BY (Write in full)
Occupational Health and Safety: A Global Call, by F	Philippine Nurses Association Cebu	04/06/24	04/06/24	4.0	Technical	Philippine Nurses Association, Inc. Cebu Chapter
Chapter Inc. Manila Doctors Hospital & National Kidney Transpl		11/10/23	11/17/23	16.0	Technical	Manila Doctors Hospital
Exposition "Optimizing Global Heath Challeng Strengthening Family-Centered Dementia Care: I	Empowering Filipino Nurses with					
Understanding, Assessment, Intervention	ns, and Caregiver Support	10/06/23	10/06/23	5.0	Technical	Philippine Nurses Association, Inc. De La Salle Health Sciences Institute - College of
11th Post Graduate Symposium: Level Up! Explori		02/17/23	02/17/23	8.0	Technical	Medical Radiation Technology
International Conference of Nurse	es 2023 (ICoNs12)	11/24/23	11/25/23	12.0	Technical	Cebu Normal University Cebu Normal University / Cebu South Medical
International Conference of Nurse	es 2022 (ICoNs11)	11/25/22	11/25/22	8.0	Technical	Center Center
Geriatric Health Nursing: Revisualizi		11/11/22	11/11/22	4.0	Technical	Philippine Nurses Association, Inc.
Phlippine Nurse Association, Inc. 100th Foundation Celebration and National Annual Conven	tion Reseach Forum 2022	10/18/22	10/18/22	6.0	Technical	Philippine Nurses Association, Inc.
Phlippine Nurse Association, Inc. 100th Foundation Celebration and National Annual Conv	•	10/19/22	10/19/22	8.0	Technical	Philippine Nurses Association, Inc.
Phlippine Nurse Association, Inc. 100th Foundation Celebration and National Annual Conventi		10/20/22	10/20/22	7.0	Technical	Philippine Nurses Association, Inc.
Perioperative Care Fo	orum	10/12/22	10/12/22	4.0	Technical	Delex Pharma International Inc.
Perioperative Care F	orum	08/17/22	08/17/22	4.0	Technical	Delex Pharma International Inc.
2021 International Conference on Methodologica	al Advances in Research (ICMAR)	12/02/21	12/03/21	16.0	Technical	Visayas-Mindanao Consortium for Journal Publication Inc. / Bukidnon State University
International Conference of Nurs	es 2021 (ICoNsX)	11/26/21	11/26/21	8.0	Technical	Cebu Normal University
CNU Virtual Research Conf	erence 2021	10/27/21	10/29/21	24.0	Technical	Cebu Normal University
Writing Researches Utilizing Pheno	menological Design	07/21/21	07/23/21	24.0	Technical	Cebu Normal University Center for Research and
4th Department of Health Central Visayas Center Research Congres	. •	06/15/21	06/18/21	12.0	Technical	Development Department of Health Central Visayas Center for Health Development
5th Summer Conference	ce 2021	05/25/21	05/26/21	6.0	Technical	Philippine Nurses Association, Inc.
Gerontology Nurses Association of the Philippines V with Frailty: Interprofession		08/20/20	08/20/20	3.0	Technical	Gerontology Nurses Association of the Philippines, Inc.
Basic Phlebotomy Tra	aining	06/17/20	06/17/20	4.0	Technical	Department of Health Subnational Blood Center for Visayas
Training on Functional	Nursing	04/01/20	04/17/20	88.0	Technical	Vicente Sotto Memorial Medical Center
Building Student Character insid	le the Classroom	03/26/20	03/28/20	8.0	Technical	Vibal Group, Inc.
International Conference of Nurses 2019 (ICoNs9) Theme: Bracing D Implications to Nursing Education, Resea		11/29/19	11/29/19	8.0	Technical	Cebu Normal University
		l tinue on separate s	l sheet if necessary			
VIII. OTHER INFORMATION	NON.	ACADEMIC DISTIN	ICTIONS / RECOG	NITION		MEMBERSHIP IN ASSOCIATION/ORGANIZATION
31. SPECIAL SKILLS and HOBBIES	32.	(Write	e in full)			33. (Write in full)
DANCING	UNIVERSITY OF CEBU NURSI	PHILIPPINE NURSES ASSOCIATION ASSOCIATION OF MEN IN NURSING				
COOKING	COOKING UNIVERSITY OF CEBU PENLIGHT (THE OFFICIAL PUBLICATION OF THE UNIVERSITY OF CEBU COLLEGE OF NURSING) SERVICE AWARD					
BAKING						AMERICAN ASSOCIATION OF MEN IN NURSING
ARTS AND CRAFTS						
BACKPACKING						
YOGA						
RESEARCH						
CIONATURE	(Cont	tinue on separate s	sheet if necessary	ī	ATE	Luk. 40, 2024
SIGNATURE				J)	1/6	July 18, 2024 CS FORM 212 (Revised 2017), Page 3 of 4

34.	Are you related by consanguinity or affinity to the appointing 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	☐ YES ☑ NO If YES, give details:				
35.	a. Have you ever been found guilty of any administrative offe	☐ YES ☑ NO If YES, give details:				
	b. Have you been criminally charged before any court?	YES If YES, give details: Date Filed: Status of Case/s:	NO NO			
36.	Have you ever been convicted of any crime or violation of arby any court or tribunal?	☐ YES ☑ NO If YES, give details:				
	Have you ever been separated from the service in any of the retirement, dropped from the rolls, dismissal, termination, en out (abolition) in the public or private sector?	✓ YES If YES, give details: RESIGNATION	NO NO			
38.	a. Have you ever been a candidate in a national or local election)?	☐ YES ☑ NO If YES, give details:				
	b. Have you resigned from the government service during the election to promote/actively campaign for a national or local	☐ YES ☑ NO If YES, give details:				
39.	Have you acquired the status of an immigrant or permanent	☐ YES ☑ NO If YES, give details (country): ————————————————————————————————————				
40.	Pursuant to: (a) Indigenous People's Act (RA 8371); (b) Mag	•				
a.	7277); and (c) Solo Parents Welfare Act of 2000 (RA 8972), Are you a member of any indigenous group?	please answer the following items:	□ VEC	□ NO		
b.	Are you a person with disability?	☐ YES If YES, please specify: ☐ YES	✓ NO			
C.	Are you a solo parent?	If YES, please specify II YES If YES, please specify II	✓ NO			
4 1	REFERENCES (Person not related by consanguinity or affinity to applican					
	NAME	ADDRESS	TEL. NO.			
	JOSE MARI LOUIS G. ALFORQUE	CEBU NORMAL UNIVERSITY	0998 284 5754	ID picture taken within the last 6 months 4.5 cm. X 3.5 cm (passport size)		
LOVELYN G. TIPON		CEBU NORMAL UNIVERSITY	0956 786 5850			
	ANA M. TRAZONA	CEBU CITY	0927 702 8542	Computer generated or photocopied picture is not acceptable		
42.	I declare under oath that I have personally accomplished complete statement pursuant to the provisions of pertine Philippines. I authorize the agency head/authorized representation made in this doct administrative/criminal case/s against me.	ent laws, rules and regulations of the esentative to verify/validate the content	Republic of the s stated herein.	РНОТО		
	overnment Issued ID (i.e.Passport, GSIS, SSS, PRC, Driver's License, etc.) LEASE INDICATE ID Number and Date of Issuance					
\vdash	overnment Issued ID: PRC ID					
ID —	/License/Passport No.: 0659917	Signature (Sign inside the b July 18, 2024	oox)			
Da	ate/Place of Issuance: 11/12/2010 / CEBU CITY	Date Accomplished		Right Thumbmark		
	SUBSCRIBED AND SWORN to before me this	, affiant exhib	iting his/her validly issued g	overnment ID as indicated above.		
		h				