CS Form No. 212 Revised 2017	PERSOI	NAL DAT	A SH	IEE.	T			
WARNING: Any misrepresentat concerned.	tion made in the Personal Data Sheet and the	Work Experience Sheet sh	all cause the fi	ling of admi	inistrative/cı	riminal case/s aga	ainst the pers	on
	TO FILLING OUT THE PERSONAL DATA SE and use separate sheet if necessary. Indicate N/F			THE PDS FO	1. CS ID No.	Ι	(Do not fill up. F	For CSC use only)
I. PERSONAL INFORMATION		timotappicable. Bo NOT ABI	DICE VIPATE.		1. 00 15 110.		(20 1101 1111 412 1	o. eee aee ey,
2. SURNAME	GUDELOS							
FIRST NAME	JOSEPH					NAME EXTENSION (JF	R., SR)	
MIDDLE NAME	TATOY							
3. DATE OF BIRTH (mm/dd/yyyy)	28/12/1989	16. CITIZENSHIP		✓ Filipino ☐ Dual Citizenship ☐ by birth ☐ by naturalizatio				ization
4. PLACE OF BIRTH	SABANG, LAPU-LAPU CITY	If holder of dual citize	nship,			Pls. indicate of	ountry:	
5. SEX	✓ Male ☐ Female	please indicate the d	etails.	atails.				•
6 CIVIL STATUS	☐ Single ☑ Married ☐ Widowed ☐ Separated ☐ Other/s:	17. RESIDENTIAL ADDRESS		N.A. se/Block/Lot No N.A. odivision/Village		BAG	N.A. Street GONG BAYA Barangay	AN
7. HEIGHT (m)	1.62			BATO	-		LEYTE	
8. WEIGHT (kg)	62	ZIP CODE	Cit	ty/Municipality		6525	Province	
9. BLOOD TYPE	0	18. PERMANENT ADDRESS		N.A. N.A.				
		-	Hous	se/Block/Lot No N.A.	0.	RAG	Street GONG BAYAN	
10. GSIS ID NO.	BP/LPO2004574848	-	Sub	odivision/Village	9	DAG	Barangay	
11. PAG-IBIG ID NO.	121092896434		Cit	BATO ty/Municipality			LEYTE Province	
12. PHILHEALTH NO.	120509952774	ZIP CODE				6525		
13. SSS NO.	06-3142125-2	19. TELEPHONE NO.		N.A.				
14. TIN NO.	409079084000	20. MOBILE NO.	09932450318					
15. AGENCY EMPLOYEE NO.	4792043	21. E-MAIL ADDRESS (if any)		joseph.gudelos08@gmail.com				
II. FAMILY BACKGROUND								
22. SPOUSE'S SURNAME	GUDELOS		23. NAME of CHILDREN (Write full name and list all)				DATE OF BIRTH (mm/dd/yyyy)	
FIRST NAME	ROVELYN	NAME EXTENSION (JR., SR)		LE SEALTIEL J. GUDELOS			10/28/2022	
MIDDLE NAME	JARDIN							
OCCUPATION	DEPED NURSE							
EMPLOYER/BUSINESS NAME	DEPARTMENT OF EDUCATION-LEY	TE DIVISION						
BUSINESS ADDRESS	BATO, LEYTE							
TELEPHONE NO.								
24. FATHER'S SURNAME	GUDELOS							
FIRST NAME	LAURENCIO	NAME EXTENSION (JR., SR)						
MIDDLE NAME	PITALLAR							
25. MOTHER'S MAIDEN NAME								
SURNAME	TATOY							
FIRST NAME	SUSANA							
MIDDLE NAME	IGOT		(Continue on separate sheet if necessary)					
III. EDUCATIONAL BACKGI	ROUND							
26. LEVEL	NAME OF SCHOOL (Write in full)	BASIC EDUCATION/DEGRE (Write in full)	EE/COURSE	UN UN		HIGHEST LEVEL/ UNITS EARNED (if not graduated)	YEAR GRADUATED	SCHOLARSHIP/ ACADEMIC HONORS RECEIVED
ELEMENTARY	SUBA ELEMENTARY SCHOOL	ELEMENTARY GRA	DUATE	1996	2002	GRADUATED	2002	VALEDICTORIAN
SECONDARY	STA. ROSA NATIONAL HIGH SCHOOL	SECONDARY GRADUATE		2002	2006	GRADUATED	2006	VALEDICTORIAN
VOCATIONAL / HIGH SKILL TRAINING CENTER		ELECTRONICS		2016	2016	GRADUATED	2016	-
	UNIVERSITY OF CEBU-LAPLAPU AND MANDAUE	B.S. NURSING		2006	2010	GRADUATED	2010	CUM LAUDE
COLLEGE	UNIVERSITY OF CEBU-LAPLAPU AND MANDAUE	BS IN SECONDARY EDUCATION - CERTIFICATE IN PROFESSIONAL EDUCATION (CPE)		2011	2011	18 UNITS	_	_
GRADUATE STUDIES	SOUTHWESTERN UNIVERSITY	MASTER OF ARTS IN TEACHING, MAJOR IN SCIENCE		2013	2014	GRADUATED	2014	BEST IN TEACHING
SINDONIE O IODIEO	CEBU NORMAL UNIVERSITY	DOCTOR OF EDUCATION, MAJOR IN SCIENCE EDUCATION		2016	2025	GRADUATED	2025	l

DATE 06/14/2025

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SIGNATURE

IV. CIVIL S	ERVICE ELIG	IBILITY								
27. CAREER SERVICE/ RA 1080 (BOARD/ BAR) UNDER SPECIAL LAWS/ CES/ CSEE RATING				DATE OF EXAMINATION / PLACE OF EXAMINATION / CONFERMENT				LICENSE (if applicable)		
BARANGAY ELIGIBILITY / DRIVER'S LICENSE (If Appli			(If Applicable)	CONFERMENT	PLACE OF EXAMINATION / CONFERMENT			NUMBER	Date of Validity	
PRC - NURSING LICENSURE EXAM			82.20	JULY, 2010	CEBU CITY			0652876	28/12/2024	
PRC - LIC	CENSURE EXA	AM FOR TEACHERS	83.00	SEPT. 25, 2011	CEBU	CEBU CITY			28/12/2024	
			(Col	ntinue on separate sheet	if necessary)					
	EXPERIENCE vate employme	nt. Start from your recen	t work) Descriptio	on of duties should l	be indicated in the attach	ed Work Ex	perience shee	r.		
28. INCLU	JSIVE DATES						SALARY/ JOB/ PAY GRADE (if		GOVT	
From	m/dd/yyyy) To	POSITION TI (Write in full/Do not a		DEPARTMENT / AGENCY / OFFICE / COMPANY (Write in full/Do not abbreviate)		MONTHLY SALARY	applicable)& STEP (Format "00-0")/ INCREMENT	STATUS OF APPOINTMENT	SERVICE (Y/N)	
02/01/2024	Present	Instructo	rl		AS STATE UNIVERISTY- CAMPUS (EVSU)	Php 29,000.00		REGULAR, PERMANENT	YES	
08/01/2019	01/31/2024	MASTER TEA	CHER I		NT OF EDUCATION	Php 49,000.00	SG 18	REGULAR, PERMANENT	YES	
07/04/2018	07/31/2019	TEACHER	R III	DEPARTMEN	NT OF EDUCATION	Php 25,232.00	SG 13	REGULAR, PERMANENT	YES	
06/02/2014	07/03/2018	TEACHER	R 1		NT OF EDUCATION	PHP19, 620.00	SG 11	REGULAR, PERMANENT	YES	
05/31/2011	31/05/2014	COLLEGE INST	RUCTOR	ACLC (AMA COMPUTER LEARNING CENTER) - PHP 12,000.00				FULL TIME	NO	
6/-/2012	05/-/2014	SCHOOL NU	JRSE		TER LEARNING CENTER) OF MANDAUE			PART-TIME	NO	
0.011	ATURE	Cath	(Co	ntinue on separate sheet		<u>'</u>	In 11 22	0.5	1	
SIGN	ATURE	L_/\mathcal{V}			DATE		June 14, 20	25 S FORM 212 (Revised 2	2017), Page 2 of 4	
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OPEN RESEARCHER AND CONTRIBUTOR ID							UNIVERSITY OF CEBU ALUMNI ASSOC. INC.	
							OPEN RESEARCHER AND CONTRIBUTOR ID	
(Continue on separate sheet if necessary) SIGNATURE DATE June 14, 2025	SIGNATURE						June 14. 2025	

a. within the third degree? b. within the fourth degree (for Local Government Unit - Career Employees)? If 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? 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? VES					
38. a. Have you ever been a candidate in a national or local election held within the last year (except Barangay election)? If YES, give details:					
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? 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? TES NO If YES, please specify: □ 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.					
GIL C. LIMPANGOG TINGO, LAPU-LAPU CITY 9105662730					
RANDY M. DIOKO AGUJO, LAPU-LAPU CITY 9076261324 LEONOR R. CULPA TINGO, LAPU-LAPU CITY NA					
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.	т.				
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.: 1119191 Signature (Sign inside the box)					
Date/Place of Issuance: CEBU CITY Date Accomplished Right Thumbmark					
SUBSCRIBED AND SWORN to before me this , affiant exhibiting his/her validly issued government ID as indicated above.					
Person Administering Oath					
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