CS Form No. 212 Revised 2017

**SIGNATURE** 

## 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. 1. CS ID No. Print legibly. Tick appropriate boxes ( ) and use separate sheet if necessary. Indicate N/A if not applicable. DO NOT ABBREVIATE. (Do not fill up. For CSC use only PERSONAL INFORMATION 2. SURNAME **RELEVO** NAME EXTENSION (JR., SR) FIRST NAME **VENICE LOU GABRIELLE** MIDDLE NAME COMOTA 3. DATE OF BIRTH 09/27/1990 16. CITIZENSHIP ✓ Filipino ☐ Dual Citizenship (mm/dd/yyyy) ☐by birth ☐by naturalization 4. PLACE OF BIRTH MAHAPLAG, LEYTE If holder of dual citizenship Pls. indicate country: please indicate the details. 5. SEX ☐ Male ✓ Female 17. RESIDENTIAL ADDRESS J.P. RIZAL BOULEVARD ✓ Single ☐ Married 6 CIVIL STATUS House/Block/Lot No ☐ Widowed ☐ Separated POBLACION ZONE 10 Other/s: Barangay CITY OF BAYBAY **LEYTE** 7. HEIGHT (m) 1.64 m City/Municipality 8. WEIGHT (kg) 65 kg ZIP CODE 6521 J.P. RIZAL BOULEVARD 18. PERMANENT ADDRESS 9. BLOOD TYPE B+ House/Block/Lot No. Street POBLACION ZONE 10 10. GSIS ID NO. Barangay CITY OF BAYBAY LEYTE 11. PAG-IBIG ID NO 1212-8355-5584 City/Municipality Province 12. PHILHEALTH NO. 13-025135941-6 6521 ZIP CODE 13. SSS NO. 06-3131059-6 19. TELEPHONE NO. 14. TIN NO. 410-140-715 20. MOBILE NO. 0995 - 916 - 0075 15. AGENCY EMPLOYEE NO. venicerelevo@gmail.com 21. E-MAIL ADDRESS (if any) 22. SPOUSE'S SURNAME DATE OF BIRTH (mm/dd/yyyy) N/A 23. NAME of CHILDREN (Write full name and list all) NAME EXTENSION (JR., SR) FIRST NAME N/A 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** NAME EXTENSION (JR., SR) FIRST NAME **VERTILLANO** MIDDLE NAME **MESARIO** 25. MOTHER'S MAIDEN NAME SURNAME COMOTA FIRST NAME VILMA MIDDLE NAME **SENARIO** (Continue on separate sheet if necessary) EDUCATIONAL BACKGROUND SCHOLARSHIP/ ACADEMIC NAME OF SCHOOL BASIC EDUCATION/DEGREE/COURSE PERIOD OF ATTENDANCE LEVEL UNITS EARNED (Write in full) (Write in full) GRADUATED HONORS (if not graduated) RECEIVED From To FRANCISCAN COLLEG E OF THE ELEMENTARY PRIMARY EDUCATION 1997 2003 **GRADUATE** 2003 N/A IMMACULATE CONCEPTION FRANCISCAN COLLEG E OF THE SECONDARY HIGH SCHOOL 2003 2007 **GRADUATE** 2007 N/A IMMACULATE CONCEPTION VOCATIONAL / N/A N/A N/A N/A N/A N/A TRADE COURSE COLLEGE CEBU DOCTORS UNIVERSITY BACHELOR OF SCIENCE IN NURSING 2007 2011 **GRADUATE** 2011 N/A MASTER OF ARTS IN NURSING MAJOR UNIVERSITY OF SAN CARLOS **GRADUATE** N/A GRADUATE STUDIES 2012 2013 2013 IN CLINICAL SUPERVISION GRADUATE STUDIES DOCTOR OF MEDICINE CEBU DOCTORS UNIVERSITY 2013 2014 1ST YEAR N/A N/A GRADUATE STUDIES SOUTHWESTERN UNIVERSITY PHINMA DOCTOR OF MEDICINE 2014 2018 4TH YEAR N/A N/A

DATE

IV. CIVIL S	ERVICE ELIG	IBILITY							
27. CAREER SERVICE/ RA 1080 (BOARD/ BAR) UNDER SPECIAL LAWS/ CES/ CSEE		RATING	DATE OF EXAMINATION /	PLACE OF EXAMINA	ATION / CONFERMENT		LICENSE (if applicable)		
BARANGAY ELIGIBILITY / DRIVER'S LICENSE			(If Applicable)	CONFERMENT	PLACE OF EXAMINATION / CONFERMENT		WILITI	NUMBER	Date of Validity
NURSE LICENSURE EXAMINATION			75%	DEC. 18-19, 2011	18-19, 2011 CEBU CITY, CEBU			0749219	9/27/2026
V. WORK E	XPERIENCE		(Co	ntinue on separate sheet	if necessary)				
		nt. Start from your recent	work) Description	of duties should be	indicated in the attached	Work Exper			
	USIVE DATES nm/dd/yyyy)	POSITION T			ENCY / OFFICE / COMPANY	MONTHLY	SALARY/ JOB/ PAY GRADE (if applicable)& STEP	STATUS OF	GOV'T SERVICE
From	То	(Write in full/Do not	abbreviate)	(Write in ful	I/Do not abbreviate)	SALARY	(Format "00-0")/ INCREMENT	APPOINTMENT	(Y/ N)
01/26/2019	PRESENT	ASSISTANT FARM	MANAGER	RELEVO P	OULTRY FARMS	11,000	N/A	PART-TIME	N
04/23/2022	PRESENT	PERSONAL AS	SISTANT	ATTY. VERT	7,000	N/A	PART-TIME	N	
03/15/2020	05/20/2023	STORE MAN	AGER	RELEVO	10,000	N/A	FULL TIME	N	
06/30/2018	01/24/2019	GASOLINE STATIO	N MANAGER	RELEVO GA	SOLINE STATION	10,000	N/A	FULL TIME	N
08/28/23	12/31/23	ASSISTANT PRO	FESSOR II	VISAYAS STATE UNIVERSITY		39,672	GRADE 16	SUBSTITUTE	Υ
SIGNA	ATURE		(Co	ntinue on separate sheet	if necessary)  DATE				

VI. VOL	LUNTARY WORK OR INVOLVEMENT IN CIVIC / NON-GOVERNMENT / PEOPLE / VOLUNTARY ORGANIZATION/S							
29.	NAME & ADDRESS OF OF (Write in full)			/E DATES ld/yyyy) To	NUMBER OF HOURS		POSITION / NATURE OF WORK	
	N/A		N/A	N/A	N/A		N/A	
VII. LE	ARNING AND DEVELOPMENT (L&D)		tinue on separate s					
(Start from	n the most recent L&D/training program and include	only the relevant L&D/training taken for th	ne last five (5) years	s for Division Chief	f/Executive/Manage	rial positions)		
30.	TITLE OF LEARNING AND DEVELOPMENT INTE (Write in full)			INCLUSIVE DATES OF ATTENDANCE (mm/dd/yyyy)		Type of LD ( Managerial/ Supervisory/ Technical/etc)	CONDUCTED/ SPONSORED BY (Write in full)	
	IV THERAPY		From 07/29/2023	To 07/30/2023	16		GESUNDHEITS SYNERGY & PROFESSIONAL ADVANCEMENT INSTITUTE	
	BASIC PHLEBOTON	МΥ	07/29/2023	07/30/2023	16		GESUNDHEITS SYNERGY & PROFESSIONAL ADVANCEMENT INSTITUTE	
	GLUTATHIONE PUSH 8	R DRIP	07/31/2023	07/31/2023	6		PFLEGEN TRAINING AND REVIEW CENTER	
VIII O	THER INFORMATION	(Con	tinue on separate s	sheet if necessary)				
31.	SPECIAL SKILLS and HOBBIES	32. NON-ACADEMIC DISTINCTIONS / RECOGNITION				33. MEMBERSHIP IN ASSOCIATION/ORGANIZATION		
	N/A	(Write in full)  N/A					(Write in full)  Philippine Nurses Association, Inc	
		1-77-					Occupational Health Nurses Association of the Philippines	
			1 mappines					
		(Con	tinue on separate s	sheet if necessarv	l			
	SIGNATURE	1	•	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		ATE		

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?  b. within the fourth degree (for Local Government Unit - Car	☐ YES ☑ NO ☐ YES ☑ NO If YES, give details:					
35. a. Have you ever been found guilty of any administrative off	☐ YES ☑ NO If YES, give details:					
b. Have you been criminally charged before any court?	☐ YES ☑ NO If YES, give details:     Date Filed:     Status of Case/s:					
36. Have you ever been convicted of any crime or violation of a any court or tribunal?	☐ YES ☑ NO If YES, give details:					
37. Have you ever been separated from the service in any of th dropped from the rolls, dismissal, termination, end of term, f 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 ele Barangay election)?	☐ YES ☑ NO 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?					
39. Have you acquired the status of an immigrant or permanent	☐ YES ☑ NO If YES, give details (country): ————————————————————————————————————					
<ul> <li>40. Pursuant to: (a) Indigenous People's Act (RA 8371); (b) May 7277); and (c) Solo Parents Welfare Act of 2000 (RA 8972);</li> <li>a. Are you a member of any indigenous group?</li> <li>b. Are you a person with disability?</li> <li>c. Are you a solo parent?</li> </ul>	☐ 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.	ID picture taken within			
Dr. Peter Aznar	Cebu City, Cebu	(032) 416 4680	the last 6 months 3.5 cm. X 4.5 cm (passport size)			
Climaco Espina	Bohol	639175508488	With full and handwritten name tag and signature over			
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.  agree that any misrepresentation made in this document and its attachments shall cause the filling of administrative/criminal case/s against me.						
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 bo	ох)				
	Date Accomplished		Right Thumbmark			
SUBSCRIBED AND SWORN to before me this	, affiant exhibiti		overnment ID as indicated above.			