

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	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	<input checked="" type="checkbox"/> Filipino <input type="checkbox"/> Dual Citizenship <input type="checkbox"/> by birth <input type="checkbox"/> by naturalization Pls. indicate country:	
4. PLACE OF BIRTH	MAHAPLAG, LEYTE	If holder of dual citizenship, please indicate the details.		
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:			
7. HEIGHT (m)	1.64 m	17. RESIDENTIAL ADDRESS	J.P. RIZAL BOULEVARD	
8. WEIGHT (kg)	66 kg		House/Block/Lot No.	Street
9. BLOOD TYPE	B+		POBLACION ZONE 10	
10. GSIS ID NO.	2006371369		Subdivision/Village	Barangay
11. PAG-IBIG ID NO.	1212-8355-5584		CITY OF BAYBAY	LEYTE
12. PHILHEALTH NO.	13-025135941-6	ZIP CODE	6521	
13. SSS NO.	06-3131059-6	18. PERMANENT ADDRESS	J.P. RIZAL BOULEVARD	
14. TIN NO.	410-140-715		House/Block/Lot No.	Street
15. AGENCY EMPLOYEE NO.	V02132		POBLACION ZONE 10	
			Subdivision/Village	Barangay
			CITY OF BAYBAY	LEYTE
		ZIP CODE	6521	
		19. TELEPHONE NO.		
		20. MOBILE NO.	0961-251-1412	
		21. E-MAIL ADDRESS (if any)	vnicerelevo@gmail.com	

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	NAME EXTENSION (JR., SR)	GIANNA LOU ANDREA R. BACALSO	08/25/2015
MIDDLE NAME	N/A		JOSE LLANO ALFONSO R. BACALSO	04/19/2021
OCCUPATION	N/A			
EMPLOYER/BUSINESSNAME	N/A			
BUSINESS ADDRESS	N/A			
TELEPHONE NO.	N/A			
24. FATHER'S SURNAME	RELEVO			
FIRST NAME	VERTILLANO	NAME EXTENSION (JR., SR) III		
MIDDLE NAME	MESARIO			
25. MOTHER'S MAIDEN NAME				
SURNAME	COMOTA			
FIRST NAME	VILMA			
MIDDLE NAME	SENARIO		(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	FRANCISCAN COLLEGE OF THE IMMACULATE CONCEPTION	PRIMARY EDUCATION	1997	2003	GRADUATE	2003	N/A
SECONDARY	FRANCISCAN COLLEGE OF THE IMMACULATE CONCEPTION	HIGH SCHOOL	2003	2007	GRADUATE	2007	N/A
VOCATIONAL / TRADE COURSE	N/A	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 CARLOS	MASTER OF ARTS IN NURSING MAJOR IN CLINICAL SUPERVISION	2012	2013	GRADUATE	2013	N/A
GRADUATE STUDIES	CEBU DOCTORS UNIVERSITY	DOCTOR OF MEDICINE	2013	2014	1ST YEAR	N/A	N/A
GRADUATE STUDIES	SOUTHWESTERN UNIVERSITY PHINMA	DOCTOR OF MEDICINE	2014	2018	4TH YEAR	N/A	N/A

(Continue on separate sheet if necessary)

SIGNATURE		DATE	
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#### IV. CIVIL SERVICE ELIGIBILITY

[illegible]

**(Continue on separate sheet if necessary)**

## V. WORK EXPERIENCE

*(Include private employment. Start from your recent work) Description of duties should be indicated in the attached Work Experience sheet.*

[illegible]

**(Continue on separate sheet if necessary)**

<i>SIGNATURE</i>		<i>DATE</i>	
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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			
	N/A	N/A	N/A	N/A	N/A	
(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			
	IV THERAPY	07/29/2023	07/30/2023	16		GESUNDHEITS SYNERGY & PROFESSIONAL ADVANCEMENT INSTITUTE
	BASIC PHLEBOTOMY	07/29/2023	07/30/2023	16		GESUNDHEITS SYNERGY & PROFESSIONAL ADVANCEMENT INSTITUTE
	GLUTATHIONE PUSH & DRIP	07/31/2023	07/31/2023	6		PFLEGEN TRAINING AND REVIEW CENTER
	RACE AGAINST SUICIDE: A GATEKEEPER'S TRAINING ON SUICIDE PREVENTION	10/16/2024	10/16/2024	8		VISAYAS STATE UNIVERSITY
	CAE/ELEVATE APOLLO PREHOSPITAL PATIENT SIMULATOR	02/13/2025	02/14/2025	16		ASPEN MULTI-SYSTEM CORP
(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)	
	N/A		N/A		Philippine Nurses Association, Inc	
(Continue on separate sheet if necessary)						
SIGNATURE				DATE		

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, a. within the third degree? b. within the fourth degree (for Local Government Unit - Career Employees)?	<div><input type="checkbox"/> YES<input checked="" type="checkbox"/> NO</div> <div><input type="checkbox"/> YES<input checked="" type="checkbox"/> NO</div> <div>If YES, give details: _____</div>												
35. a. Have you ever been found guilty of any administrative offense?  b. Have you been criminally charged before any court?	<div><input type="checkbox"/> YES<input checked="" type="checkbox"/> NO</div> <div>If YES, give details: _____</div>												
	<div><input type="checkbox"/> YES<input checked="" type="checkbox"/> NO</div> <div>If YES, give details: Date Filed: _____ Status of Case/s: _____</div>												
36. Have you ever been convicted of any crime or violation of any law, decree, ordinance or regulation by any court or tribunal?	<div><input type="checkbox"/> YES<input checked="" type="checkbox"/> NO</div> <div>If YES, give details: _____</div>												
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?	<div><input checked="" type="checkbox"/> YES<input type="checkbox"/> NO</div> <div>If YES, give details: Finished Contract _____</div>												
38. a. Have you ever been a candidate in a national or local election held within the last year (except Barangay election)?  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?	<div><input type="checkbox"/> YES<input checked="" type="checkbox"/> NO</div> <div>If YES, give details: _____</div>												
	<div><input type="checkbox"/> YES<input checked="" type="checkbox"/> NO</div> <div>If YES, give details: _____</div>												
39. Have you acquired the status of an immigrant or permanent resident of another country?	<div><input type="checkbox"/> YES<input checked="" type="checkbox"/> NO</div> <div>If YES, give details (country): _____</div>												
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? c. Are you a solo parent?	<div><input type="checkbox"/> YES<input checked="" type="checkbox"/> NO</div> <div>If YES, please specify: _____</div> <div><input type="checkbox"/> YES<input checked="" type="checkbox"/> NO</div> <div>If YES, please specify ID No: _____</div> <div><input type="checkbox"/> YES<input checked="" type="checkbox"/> NO</div> <div>If YES, please specify ID No: _____</div>												
41. REFERENCES (Person not related by consanguinity or affinity to applicant /appointee)													
<table><tr><th>NAME</th><th>ADDRESS</th><th>TEL. NO.</th></tr><tr><td>Dr. Peter Aznar</td><td>Cebu City, Cebu</td><td>(032) 416 4680</td></tr><tr><td>Climaco Espina</td><td>Bohol</td><td>639175508488</td></tr><tr><td>Dr. Jake Jandumon</td><td>Cebu City, Cebu</td><td>09068306949</td></tr></table>		NAME	ADDRESS	TEL. NO.	Dr. Peter Aznar	Cebu City, Cebu	(032) 416 4680	Climaco Espina	Bohol	639175508488	Dr. Jake Jandumon	Cebu City, Cebu	09068306949
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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.													
<table><tr><td colspan="2">Government Issued ID (i.e.Passport, GSIS, SSS, PRC, Driver's License, etc.) 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>0749219</td></tr><tr><td>Date/Place of Issuance:</td><td>03/23/2012/ CEBU 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.:	0749219	Date/Place of Issuance:	03/23/2012/ CEBU CITY	<table><tr><td><div></div><div>Signature (Sign inside the box)</div><div></div><div>Date Accomplished</div></td><td><div><div>ID picture taken within the last 6 months 3.5 cm. X 4.5 cm (passport size)  With full and handwritten name tag and signature over printed name  Computer generated or photocopied picture is not acceptable</div><div>PHOTO</div><div></div><div>Right Thumbmark</div></div></td></tr></table>	<div></div> <div>Signature (Sign inside the box)</div> <div></div> <div>Date Accomplished</div>	<div><div>ID picture taken within the last 6 months 3.5 cm. X 4.5 cm (passport size)  With full and handwritten name tag and signature over printed name  Computer generated or photocopied picture is not acceptable</div><div>PHOTO</div><div></div><div>Right Thumbmark</div></div>		
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SUBSCRIBED AND SWORN to before me this _____, affiant exhibiting his/her validly issued government ID as indicated above.													
<div></div> <div>Person Administering Oath</div>													