

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	Acob		
FIRST NAME	Joel Rey	NAME EXTENSION (JR., SR) N/A	
MIDDLE NAME	Ugsang		
3. DATE OF BIRTH (mm/dd/yyyy)	05/15/1988	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	Aurora, Isabela	If holder of dual citizenship, please indicate the details.	Philippines
5. SEX	<input checked="" type="checkbox"/> Male <input 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	10 House/Block/Lot No. Street world vision Linao Subdivision/Village Barangay ORMOC CITY LEYTE City/Municipality Province
7. HEIGHT (m)	1.20	ZIP CODE	6541
8. WEIGHT (kg)	1.00		
9. BLOOD TYPE	O	18. PERMANENT ADDRESS	House/Block/Lot No. Street world vision Linao Subdivision/Village Barangay ORMOC CITY LEYTE City/Municipality Province
10. GSIS ID NO.	N/A	ZIP CODE	6541
11. PAG-IBIG ID NO.	N/A		
12. PHILHEALTH NO.	N/A	19. TELEPHONE NO.	(1
13. SSS NO.	N/A	20. MOBILE NO.	956-191-6114
14. TIN NO.	N/A	21. E-MAIL ADDRESS (if any)	joel.acob@vsu.edu.ph
15. AGENCY EMPLOYEE NO.	V00965		

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) N/A	N/A	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	Loreno			
FIRST NAME	Sofronio	NAME EXTENSION (JR., SR) Jr.		
MIDDLE NAME				
25. MOTHER'S MAIDEN NAME	batingal			
SURNAME	loreno			
FIRST NAME	jocelyn			
MIDDLE NAME	ugsang		(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	Caridad Elementary School	Elementary	1996	2001		2001	N/A
SECONDARY	Dr. Geronimo B. Zaldivar Memorial School of Fisheries	High School	2001	2005		2005	N/A
VOCATIONAL/ TRADE COURSE	N/A						
COLLEGE	San Lorenzo Ruiz College	Bachelor of Science in Nursing	2005	2009		2009	N/A
GRADUATE STUDIES	Southwestern University	Master of Arts in Education - Instruction & Supervision	2009	2011		2011	N/A
PLEASE SEE ATTACHMENT A							
(Continue on separate sheet if necessary)							
SIGNATURE			DATE		01/27/2025		

Attachment A

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			
	GRADUATE STUDIES	St. Paul University of the Philippines	Doctor of Science in Nursing	2014	2019		2019	
(Continue on separate sheet if necessary)								
SIGNATURE				DATE		01/27/2025		

IV. CIVIL SERVICE ELIGIBILITY

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 Exam		03/19/2010	tacloban city	0611418	09/15/2025

(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.

28. INCLUSIVE DATES (mm/dd/yyyy)		POSITION TITLE (Write in full/Do not abbreviate)	DEPARTMENT / AGENCY / OFFICE / COMPANY (Write in full/Do not abbreviate)	MONTHLY SALARY	SALARY/ JOB/ PAY GRADE (if applicable)& STEP (Format"00-0")/ INCREMENT	STATUS OF APPOINTMENT	GOV'T SERVICE (Y/ N)
From	To						
04/22/2024	PRESENT	Associate Professor II	Visayas State University	60,157.00	20-1	Permanent	Y
01/01/2024		Assistant Professor II	Visayas State University	44,786.00	16-8	Permanent	Y
01/01/2023		Assistant Professor II	Visayas State University	42,694.00	16-8	Permanent	Y
01/01/2023		Assistant Professor II	Visayas State University	41,804.00	16-6	Permanent	Y
07/01/2022		Assistant Professor II	Visayas State University	40,282.00	16-6	Permanent	Y
01/01/2022		Assistant Professor II	Visayas State University	39,845.00	16-5	Permanent	Y
01/21/2021		Assistant Professor II	Visayas State University	37,465.00	16-3	Permanent	Y
01/21/2021		Assistant Professor II	Visayas State University	37,465.00	16-3	Permanent	Y
01/01/2021		Assistant Professor II	Visayas State University	38,323.00	16-5	Permanent	Y
07/01/2020		Assistant Professor II	Visayas State University	39,672.00	16-1	Permanent	Y
01/01/2020		Assistant Professor II	Visayas State University	33,584.00	16-1	Temporary	Y
01/01/2020	12/31/2020	Assistant Professor II	Visayas State University	35,943.00	16-3	Temporary	Y
01/01/2020		Assistant Professor II	Visayas State University	35,106.00	16-1	Temporary	Y
01/01/2019		Instructor I	Visayas State University	22,938.00	12-1	Temporary	Y
01/01/2019	12/31/2019	Instructor I	Visayas State University	22,149.00	12-1	Temporary	Y
01/01/2018		Instructor I	Visayas State University	22,149.00	12-1	Temporary	Y
01/01/2018	12/31/2019	Instructor I	Visayas State University	22,149.00	12-1	Temporary	Y
02/01/2017	12/31/2017	Instructor I	Visayas State University	21,387.00	12-1	Temporary	Y

(Continue on separate sheet if necessary)

SIGNATURE		DATE	01/27/2025
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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)*

[illegible]

(Continue on separate sheet if necessary)

## VIII. OTHER INFORMATION

[illegible]

*(Continue on separate sheet if necessary)*

<b>SIGNATURE</b>		<b>DATE</b>	01/27/2025
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<div>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,</div> <div>a. within the third degree?</div> <div>b. within the fourth degree (for Local Government Unit - Career Employees)?</div>		<div><div><input type="checkbox"/> YES</div><div><input type="checkbox"/> NO</div></div> <div><div><input type="checkbox"/> YES</div><div><input type="checkbox"/> NO</div></div> <div>If YES, give details:</div> <div></div>												
<div>35. a. Have you ever been found guilty of any administrative offense?</div> <div>b. Have you been criminally charged before any court?</div>		<div><div><input type="checkbox"/> YES</div><div><input type="checkbox"/> NO</div></div> <div>If YES, give details:</div> <div></div> <div><div><input type="checkbox"/> YES</div><div><input type="checkbox"/> NO</div></div> <div>If YES, give details:</div> <div>Date Filed: <div></div></div> <div>Status of Case/s: <div></div></div>												
<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>		<div><div><input type="checkbox"/> YES</div><div><input type="checkbox"/> NO</div></div> <div>If YES, give details:</div> <div></div>												
<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>		<div><div><input type="checkbox"/> YES</div><div><input type="checkbox"/> NO</div></div> <div>If YES, give details:</div> <div></div>												
<div>38. a. Have you ever been a candidate in a national or local election held within the last year (except Barangay election)?</div> <div>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>		<div><div><input type="checkbox"/> YES</div><div><input type="checkbox"/> NO</div></div> <div>If YES, give details:</div> <div></div> <div><div><input type="checkbox"/> YES</div><div><input type="checkbox"/> NO</div></div> <div>If YES, give details:</div> <div></div>												
<div>39. Have you acquired the status of an immigrant or permanent resident of another country?</div>		<div><div><input type="checkbox"/> YES</div><div><input type="checkbox"/> NO</div></div> <div>If YES, give details (country):</div> <div></div>												
<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:</div> <div>a. Are you a member of any indigenous group?</div> <div>b. Are you a person with disability?</div> <div>c. Are you a solo parent?</div>		<div><div><input type="checkbox"/> YES</div><div><input type="checkbox"/> NO</div></div> <div>If YES, please specify:</div> <div><div><input type="checkbox"/> YES</div><div><input type="checkbox"/> NO</div></div> <div>If YES, please specify ID No</div> <div></div> <div><div><input type="checkbox"/> YES</div><div><input type="checkbox"/> NO</div></div> <div>If YES, please specify ID No</div> <div></div>												
<div>41. REFERENCES (Person not related by consanguinity or affinity to applicant /appointee)</div> <table><thead><tr><th>NAME</th><th>ADDRESS</th><th>TEL. NO.</th></tr></thead><tbody><tr><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td></tr></tbody></table>			NAME	ADDRESS	TEL. NO.									
NAME	ADDRESS	TEL. NO.												
<div>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.</div>		<div><div>ID picture taken within the last 6 months 3.5 cm x 4.5 cm (passport size)</div><div>With full and handwritten name tag and signature over printed name</div><div>Computer generated or photocopied picture is not acceptable</div><div>PHOTO</div><div></div><div>Right Thumbmark</div></div>												
<div>Government Issued ID (i.e.Passport, GSIS, SSS, PRC, Driver's License, etc.) PLEASE INDICATE ID Number and Date of Issuance</div> <div>Government Issued ID: N/A</div> <div>ID/License/Passport No.: N/A</div> <div>Date/Place of Issuance: N/A</div>	<div></div> <div>Signature (Sign inside the box)</div> <div>01/27/2025</div> <div>Date Accomplished</div>													
<div>SUBSCRIBED AND SWORN to before me this _____, affiant exhibiting his/her validly issued government ID as indicated above.</div> <div></div> <div>Person Administering Oath</div>														