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 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	Daiz
FIRST NAME	Devianne Jane
NAME EXTENSION (JR., SR)	N/A
MIDDLE NAME	Esmas
3. DATE OF BIRTH (mm/dd/yyyy)	01/19/1989
4. PLACE OF BIRTH	Palompon, Leyte
5. SEX	☐ Male ☑ Female
6. CIVIL STATUS	☐ Single ☑ Married ☐ Widowed ☐ Separated ☐ Other/s:
7. HEIGHT (m)	1.60
8. WEIGHT (kg)	56.00
9. BLOOD TYPE	O+
10. GSIS ID NO.	N/A
11. PAG-IBIG ID NO.	N/A
12. PHILHEALTH NO.	N/A
13. SSS NO.	N/A
14. TIN NO.	N/A
15. AGENCY EMPLOYEE NO.	V01126
16. CITIZENSHIP	☑ Filipino ☐ Dual Citizenship ☐ by birth ☐ by naturalization
If holder of dual citizenship, please indicate the details.	Pls. indicate country: **Philippines**
17. RESIDENTIAL ADDRESS	Apartment 55 (*House/Block/Lot No.*) Kilbourne Drive (*Street*); Visca (*Subdivision/Village*) Pangasungan (*Barangay*); BAYBAY (*City/Municipality*) LEYTE (*Province*); ZIP CODE 6521
18. PERMANENT ADDRESS	(*House/Block/Lot No.*) (*Street*); San Juan (*Subdivision/Village*) (*Barangay*); PALOMPON (*City/Municipality*) LEYTE (*Province*); ZIP CODE 6538
19. TELEPHONE NO.	N/A
20. MOBILE NO.	999-349-0085
21. E-MAIL ADDRESS (if any)	deviannejane.daiz@vsu.edu.ph

II. FAMILY BACKGROUND

22. SPOUSE\'S SURNAME	DAIZ	23. NAME of CHILDREN (Write full name and list all)	DATE OF BIRTH (mm/dd/yyyy)
FIRST NAME	VISCONDE (NAME EXTENSION (JR., SR))	VANIA ISABELLA E. DAIZ	02/07/2013
MIDDLE NAME	BULADO	VENICE ISIDORE E. DAIZ	08/04/2019
OCCUPATION	NONE	DEVIN LUKA E. DAIZ	10/23/2021
EMPLOYER/BUSINESS NAME			
BUSINESS ADDRESS			
TELEPHONE NO.	09690471711		
24. FATHER\'S SURNAME	N/A		
FIRST NAME	N/A (NAME EXTENSION (JR., SR) N/A)		
MIDDLE NAME	N/A		
25. MOTHER\'S MAIDEN NAME	JENNIFER OMEGA ESMAS		
SURNAME	MASANQUE		
FIRST NAME	JENNIFER		
MIDDLE NAME	ESMAS	*(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 From	To	HIGHEST LEVEL/UNITS EARNED (if not graduated)	YEAR GRADUATED	SCHOLARSHIP/ ACADEMIC HONORS RECEIVED
ELEMENTARY	SAN JUAN ELEMENTARY SCHOOL	Elementary	1994	2000		2000	N/A
SECONDARY	NORTHERN LEYTE COLLEGE	High School	2000	2004		2004	N/A
VOCATIONAL/ TRADE COURSE	N/A						
COLLEGE	VELEZ COLLEGE	Bachelor of Science in Nursing	2004	2008		2008	N/A
GRADUATE STUDIES	CEBU NORMAL UNIVERSITY	MASTER IN NURSING (Major in MENTAL HEALTH AND PSYCHIATRIC NURSING)	2009	2012		2012	N/A

(Continue on separate sheet if necessary)

SIGNATURE		***DATE***	04/22/2024

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	82.00	06/01/2008	CEBU CITY	0507751	01/19/2026

(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						
01/01/2023	PRESENT	Instructor I	Visayas State University	29,449.00	12-2	Permanent	Y
08/12/2022		Instructor I	Visayas State University	27,892.00	12-2	Permanent	Y
06/03/2022		Instructor I	Visayas State University	27,608.00	12-1	Permanent	Y
01/01/2022		Instructor I	Visayas State University	27,608.00	12-1	Temporary	Y
01/01/2022	12/31/2022	Instructor I	Visayas State University	26,052.00	12-1	Temporary	Y
01/01/2021		Instructor I	Visayas State University	26,052.00	12-1	Temporary	Y
01/01/2021	12/31/2021	Instructor I	Visayas State University	24,495.00	12-1	Temporary	Y
01/01/2020		Instructor I	Visayas State University	24,495.00	12-1	Temporary	Y
01/01/2020	12/31/2020	Instructor I	Visayas State University	22,938.00	12-1	Temporary	Y
01/14/2019	12/31/2019	Instructor I	Visayas State University	22,938.00	12-1	Temporary	Y
01/14/2019		Instructor I	Visayas State University	22,149.00	12-1	Temporary	Y
12/09/2009	12/31/2019	ASSISTANT PROFESSOR A	VELEZ COLLEGE	30,000.00	-	Permanent	N
09/09/2009	12/08/2009	NURSE TRAINEE	CEBU VELEZ GENERAL HOSPITAL	8,000.00	-	Contractual	N

(Continue on separate sheet if necessary)

SIGNATURE		***DATE***	04/22/2024

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		
WORLDWIDE MARRIAGE ENCOUNTER CEBU CITY (CEBU ZONE)	03/26/2016	PRESENT	1	TEAM COUPLE

(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			
NURSE PRECEPTORSHIP TRAINING ORIENTATION PROGRAM FOR CLINICAL INSTRUCTORS	03/06/2024	04/04/2024	160	Instruction	EASTERN VISAYAS MEDICAL CENTER
SUKARANAY: DEWORMING	01/10/2024	01/10/2024	1	Technical	VSU RADIO DYDC-FM 104.7
SUKARANAY: HOW MENTAL DISORDER IS SENSATIONALIZED IN MODERN MEDIA	07/04/2023	07/04/2023	1	Technical	VSU RADIO DYDC-FM 104.7
ADVANCED COURSE IN MENTAL HEALTH AND PSYCHIATRIC NURSING IN THE INPATIENT SETTING	05/22/2023	06/30/2023	224	Instruction	UNIVERSITY OF THE PHILIPPINES MANILA
2023 FILIPINO NURSING DIASPORA DAY	05/06/2023	05/06/2023	8	Technical	FiND Network
CAPABILITY TRAINING FOR COLLEGE/ DEPARTMENT-BASED GUIDANCE FACILITATOR: RACE AGAINST SUICIDE	04/13/2023	04/13/2023	8	Technical	VISAYAS STATE UNIVERSITY
VSU Faculty and Staff Onboarding: Padayon sa Panaghiusa, VSU!	09/05/2022	09/07/2022	24	Instruction	"Visayas State University (VSU), Visca, Baybay City, Leyte "
TRAINING WORKSHOP ON THE USE OF JASP STATISTICAL SOFTWARE	03/23/2022	03/25/2022	16	Technical	VISAYAS STATE UNIVERSITY
MENTAL HEALTH FRONTLINER TRAINING PRIMER	10/16/2021	11/20/2021	8	Technical	FiND NETWORK
WEBINAR ON NAVIGATING THE DIGITAL SHIFT: INSTRUCTIONAL MATERIALS TO SUPPORT THE UNIVERSITY'S FLEXIBLE LEARNING	03/18/2021	03/18/2021	8	Instruction	"Visayas State University (VSU), Visca, Baybay City, Leyte "
ADPCN: RESPONDING TO THE CHALLENGES OF THE NEW NORMAL	10/29/2020	10/30/2020	8	Technical	ASSOCIATION OF DEANS OF PHILIPPINE COLLEGES OF NURSING, INC.
SERBISYO ESTUDYANTE: CONVERSATIONS WITH THE C/DBGF'S ON ACADEMIC NEEDS OF NEW STUDENTS	10/08/2020	10/08/2020	1	Technical	VSU RADIO DYDC-FM 104.7
ONLINE TRAINING ON DEVELOPING A MOODLE ONLINE CLASSROOM	05/13/2020	05/15/2020	24	Instruction	"Visayas State University (VSU), Visca, Baybay City, Leyte "

(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	Visayas State University Faculty Association
		VELEZ NURSES ALUMNI ASSOCIATION

(Continue on separate sheet if necessary)

SIGNATURE		DATE	04/22/2024

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 apppointed, a. within the third degree? b. within the fourth degree (for Local Government Unit - Career Employees)?	☐ YES ☑ NO ☐ YES ☑ NO If YES, give details:
35. a. Have you ever been found guilty of any administrative offense?	☐ 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 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?	☑ YES ☐ NO If YES, give details: **RESIGNATION FROM VELEZ COLLEGE**
38. a. Have you ever been a candidate in a national or local election held within the last year (except 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?	☐ YES ☑ NO 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? c. Are you a solo parent?	☐ 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.
ANNE CAROLINE M. CASTILLO		09176558822
JOHNNY YAO		09227033938

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

PHOTO

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.

Government Issued ID (i.e.Passport, GSIS, SSS, PRC, Driver\'s License, etc.) *PLEASE INDICATE ID Number and Date of Issuance*
Government Issued ID: **N/A**
ID/License/Passport No.: **N/A**
Date/Place of Issuance: N/A

Signature (Sign inside the box)

04/22/2024

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