

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	16. CITIZENSHIP If holder of dual citizenship, please indicate the details.	<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	Palompon, Leyte		Philippines	
5. SEX	<input type="checkbox"/> Male <input checked="" type="checkbox"/> Female			
6. CIVIL STATUS	<input type="checkbox"/> Single <input checked="" type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Separated <input type="checkbox"/> Other/s:	17. RESIDENTIAL ADDRESS ZIP CODE	Apartment 55 Kilbourne Drive	
			House/Block/Lot No. Street	
			Visca Pangasungan	
7. HEIGHT (m)	1.56		Subdivision/Village Barangay	
	8. WEIGHT (kg)		60.00	BAYBAY LEYTE
				City/Municipality Province
9. BLOOD TYPE		O+	18. PERMANENT ADDRESS ZIP CODE	6521
10. GSIS ID NO.	2005554679	House/Block/Lot No. Street		
11. PAG-IBIG ID NO.	121004392820	San Juan		
12. PHILHEALTH NO.	120508015831	Subdivision/Village Barangay		
13. SSS NO.	0628914837	PALOMPON LEYTE		
14. TIN NO.	274568498000	City/Municipality Province		
15. AGENCY EMPLOYEE NO.	V01126	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)
	MIDDLE NAME	BULADO			
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		HIGHEST LEVEL/UNITS EARNED (if not graduated)	YEAR GRADUATED	SCHOLARSHIP/ ACADEMIC HONORS RECEIVED
			From	To			
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

[illegible]

(Continue on separate sheet if necessary)

V. WORK EXPERIENCE

[illegible]

(Continue on separate sheet if necessary)

SIGNATURE		DATE	04/22/2024
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VI. VOLUNTARY WORK OR INVOLEMENT 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	

<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, a. within the third degree? b. within the fourth degree (for Local Government Unit - Career Employees)?</div>		<div><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></div>												
<div>35. a. Have you ever been found guilty of any administrative offense? b. Have you been criminally charged before any court?</div>		<div><div><input type="checkbox"/> YES<input checked="" type="checkbox"/> NO</div><div>If YES, give details: _____</div><div><div><input type="checkbox"/> YES<input checked="" type="checkbox"/> NO</div><div>If YES, give details: Date Filed: _____ 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<input checked="" type="checkbox"/> NO</div><div>If YES, give details: _____</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 checked="" type="checkbox"/> YES<input type="checkbox"/> NO</div><div>If YES, give details: RESIGNATION FROM VELEZ COLLEGE</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)? 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><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></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<input checked="" type="checkbox"/> NO</div><div>If YES, give details (country): _____</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: a. Are you a member of any indigenous group? b. Are you a person with disability? c. Are you a solo parent?</div>		<div><div><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></div></div>												
<div>41. REFERENCES (Person not related by consanguinity or affinity to applicant /appointee)</div> <table><tr><th>NAME</th><th>ADDRESS</th><th>TEL. NO.</th></tr><tr><td>ANNE CAROLINE M. CASTILLO</td><td></td><td>09176558822</td></tr><tr><td>JOHNNY YAO</td><td></td><td>09227033938</td></tr><tr><td></td><td></td><td></td></tr></table>			NAME	ADDRESS	TEL. NO.	ANNE CAROLINE M. CASTILLO		09176558822	JOHNNY YAO		09227033938			
NAME	ADDRESS	TEL. NO.												
ANNE CAROLINE M. CASTILLO		09176558822												
JOHNNY YAO		09227033938												
<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><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></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: PRC</div><div>ID/License/Passport No.: 0507751</div><div>Date/Place of Issuance: 09/12/2008 / CEBU CITY</div></div>	<div><div></div><div>Signature (Sign inside the box)</div><div>04/22/2024</div><div>Date Accomplished</div></div>	<div></div> <div>Right Thumbmark</div>												
<div>SUBSCRIBED AND SWORN to before me this _____, affiant exhibiting his/her validly issued government ID as indicated above.</div> <div><div></div><div>Person Administering Oath</div></div>														