CS Form No. 212 Revised 2017

PERSONAL DATA SHEET

	nade in the Personal Data Sheet and the Work Experi ILLING OUT THE PERSONAL DATA SHEET (PDS) BE			ve/criminal ca	ase/s against	the person concern	ed.			
Print legibly. Tick appropriate boxes	s () and use separate sheet if necessary. Indic			ATE.	1. CS ID No.		(Do not fill up. F	or CSC use only)		
I. PERSONAL INFORMATIC										
2. SURNAME	Cavite					NAME EXTENSION (J	D CD)			
FIRST NAME	France Allan					NAME EXTENSION (0	N/A			
MIDDLE NAME	Molato									
3. DATE OF BIRTH (mm/dd/yyyy)	02/08/1991	16. CITIZENSHIP		Filipino Dual Citizensh			nip by naturalization			
4. PLACE OF BIRTH	Brgy. Bontoc, Hindang, Leyte	If holder of dual citizenship,				country:				
5. SEX	✓ Male Female	please indicate the o	details.	Philippines						
6. CIVIL STATUS	✓ Single	17. RESIDENTIAL ADDRESS			lo.	N	ational Highway Street			
	Widowed Separated Other/s:		House/Block/Lot No.				Bontoc			
	140		Sul	Subdivision/Village HINDANG				Barangay LEYTE		
7. HEIGHT (m)	1.40			HINDANG City/Municipality			Province			
8. WEIGHT (kg)	64.00	ZIP CODE				6523				
9. BLOOD TYPE	0+	18. PERMANENT ADDRESS	Hou	se/Block/Lot N	lo.	N	ational Highway Street			
10. GSIS ID NO.	N/A		Sul	bdivision/Villag	ie		Bontoc Barangay			
11. PAG-IBIG ID NO.	N/A		C	HINDANG ity/Municipality	,		LEYTE Province			
12. PHILHEALTH NO.	N/A	ZIP CODE		, ,		6523				
13. SSS NO.	N/A	19. TELEPHONE NO.		N/A						
14. TIN NO.	N/A	20. MOBILE NO.		933-465-4397						
15. AGENCY EMPLOYEE NO.	V01130	21. E-MAIL ADDRESS (if any)		1	franceallan.	cavite@vsu.edu	ph			
II. FAMILY BACKGROUND										
22. SPOUSE\'S SURNAME	N/A			HILDREN (Write full name and list all)			DATE OF BIRT	TH (mm/dd/yyyy)		
FIRST NAME	N/A	NAME EXTENSION (JR., SR) N/A		N/A			N	I/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	Cavite									
FIRST NAME	Joselin	NAME EXTENSION (JR., SR) Sr.								
MIDDLE NAME	Asis									
25. MOTHER\'S MAIDEN NAME	Imelda Abayhon Mo	lato								
SURNAME	Cavite									
FIRST NAME	Imelda									
MIDDLE NAME										
III. EDUCATIONAL BACKG	ROUND									
26. LEVEL	NAME OF SCHOOL (Write in full)	BASIC EDUCATION/DEGR (Write in full)		PERIOD OF A	ATTENDANCE To	HIGHEST LEVEL/UNITS EARNED (if not graduated)	YEAR GRADUATED	SCHOLARSHIP/ ACADEMIC HONORS RECEIVED		
ELEMENTARY	N/A					(g/ madriou)				
SECONDARY	N/A									
VOCATIONAL/ TRADE COURSE	N/A									
COLLEGE	Visayas State University	Bachelor of Science in Nursing		2007	2011		2011	N/A		
GRADUATE STUDIES	Remedios Trinidad Romualdez Medical Foundation	Master of Arts in Nur PLEASE SEE ATTACHMENT	· A	2016	2018		2018	N/A		
212112	((Continue on separate sheet if nec	essary)			I	07/00/000			
SIGNATURE	1			D/	ATE	Ī	07/02/2024			

Attachment A

III. EDUCATIONAL BACKGROUND										
26. LEVEL	NAME OF SCHOOL (Write in full)	BASIC EDUCATION/DEGREE/COURSE (Write in full)	PERIOD OF A	ATTENDANCE	HIGHEST LEVEL/UNITS EARNED (if not graduated)	YEAR GRADUATED	SCHOLARSHIP/ ACADEMIC HONORS RECEIVED			
EEVEE			From	То						
GRADUATE STUDIES	Silliman University	Doctor of Philosophy in Nursing	2021	2024		2024				
(Continue on separate sheet if necessary)										
SIGNATURE		DA	\TE	(07/02/2024					

IV. CIVIL	SERVICE I	ELIGIBILITY								
27. CAREER SERVICE/ RA 1080 (BOARD/ BAR) UNDER DATING			DATE OF				pplicable)			
SDECIAL LAWS/CES/CSEE RATING			(If Applicable)	EXAMINATION / CONFERMENT	PLACE OF EXAMIN	RMENT	NUMBER	Date of Validity		
Nurse Licensure Exam 78		78.40	12/16/2011	Tack	oban City		0752856	02/08/2021		
(Continue on separate sheet if necessary)										
	EXPERIEI vate employm	NCE ent. Start from your recent	t work) Descripti	on of duties should k	e indicated in the attache	d Work Exper	ience sheet.			
28. INCLU	JSIVE DATES m/dd/yyyy)	POSITION TITI (Write in full/Do not ab	-E	DEPARTMENT / AG	ENCY / OFFICE / COMPANY I/Do not abbreviate)	MONTHLY SALARY	SALARY/ JOB/ PAY GRADE (if applicable)& STEP (Format"00-0")/	STATUS OF APPOINTMENT	GOV'T SERVICE	
From	То						INCREMENT		(Y/ N)	
04/22/2024	PRESENT	Assistant Profes	sor I		State University	36,619.00	15-1	Permanent	Y	
01/01/2023		Instructor I			State University	29,165.00	12-1	Permanent	Y	
06/03/2022		Instructor I			State University	27,608.00	12-1	Permanent	Y	
01/01/2022	12/31/2022	Instructor I			Visayas State University			Temporary	Y	
01/01/2022	12/31/2022	Instructor I		Visayas State University		26,052.00	12-1	Temporary Temporary	Y	
01/01/2021	12/31/2021	Instructor I		Visayas State University Visayas State University		24,495.00	12-1	Temporary	Y	
01/01/2020	12/01/2021	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	
01/10/2019		Instructor I		Visayas State University		22,938.00	12-1	Temporary	Y	
01/10/2019	12/31/2019	Instructor I		Visayas State University		22,938.00	12-1	Temporary	Y	
				(Continue on separate she	eet if necessary)					
SIGNA	ATURE			Continuo on sopurate Sile	DATE		07/02/2	2024		
		l					CS	FORM 212 (Revised 20	017), Page 2 of 4	

VI. VOLUNTARY WORK OR INVOLVEMENT IN CIVIC / NON-GOVERNMENT / PEOPLE / VOLUNTARY ORGANIZATION/S							
29. NAME & ADDRESS OF OR (Write in full)		INCLUSIV	/E DATES d/yyyy) To	NUMBER OF HOURS		POSITION / NATURE OF WORK	
N/A		N/A	N/A	N/A		N/A	
VII. LEARNING AND DEVELOPMENT (L&D			te sheet if necessary) IS ATTENDEL				
(Start from the most recent L&D/training program and includ					agerial positions)		
30. TITLE OF LEARNING AND DEVELOPMENT INTER (Write in full)	RVENTIONS/TRAINING PROGRAMS	INCLUSIVE DATES OF ATTENDANCE (mm/dd/yyyy)		NUMBER OF HOURS	Type of LD (Managerial/ Supervisory/ Technical/etc)	CONDUCTED/ SPONSORED BY (Write in full)	
N/A		From N/A	To N/A	N/A	N/A	N/A	
		Continue on separa	te sheet if necessary)				
VIII. OTHER INFORMATION							
31. SPECIAL SKILLS and HOBBIES	32. NO		TINCTIONS / RECO	OGNITION		33. MEMBERSHIP IN ASSOCIATION/ORGANIZATION (Write in full)	
N/A		N	/A			Philippine Nurses Assocation	
		(Continue on separa	te sheet if necessary)				
SIGNATURE				DA	TE	07/02/2024	

34	Are you related by consanguinity or affinity to the app the chief of bureau or office or to the person who has Office, Bureau or Department where you will be appp	imn	nediate supervision over you in the						
	a. within the third degree?	Onto	,		YES	✓ NO			
	b. within the fourth degree (for Local Government Un		YES	✓ NO					
	b. Wallin ale loaran degree (lei 2000) eveniment en	lf YI	ES, give details:						
25	a library and a second as the				YES	✓ NO			
30	a. Have you ever been found guilty of any administra	ive	offense?	lf YI	ES, give details:	▼ NO			
					_0, givo dotalio.				
	b. Have you been criminally charged before any cour	!?		16 7/1	YES	✓ NO			
				IT Y I	ES, give details:				
				١	Date Filed: tatus of Case/s:				
				0					
36.	Have you ever been convicted of any crime or violation regulation by any court or tribunal?	n o	any law, decree, ordinance or	It //I	YES	✓ NO			
	regulation by any court of tribunal?				ES, give details:				
37.	riare jeu eter zeen eeparateu nem ale eel nee in al			It M	YES	NO			
	retirement, dropped from the rolls, dismissal, termina phased out (abolition) in the public or private sector?	ion,	end of term, finished contract or	If YES, give details: Ormoc Doctors' Hospital.					
	<u></u>								
38.	 a. Have you ever been a candidate in a national or lo (except Barangay election)? 	cal e	election held within the last year	l lf	YES, give details	✓ NO			
				"	_				
	b. Have you resigned from the government service di			۱,	YES aive details	✓ NO			
	last election to promote/actively campaign for a natio	iai C		11	YES, give details	5. 			
39.	Have you acquired the status of an immigrant or perm	nane	ent resident of another country?		YES	✓NO			
				llf Yl	ES, give details (d	country):			
40		// \ \ I							
40	Pursuant to: (a) Indigenous People\'s Act (RA 8371); 7277); and (c) Solo Parents Welfare Act of 2000 (RA								
l a.	Are you a member of any indigenous group?	001	-y, produce director the following Remo.		YES	✓ NO			
	The you a member of any margenous group:			lf YI	ES, please specif				
b.	Are you a person with disability?			lif VI	YES	✓NO			
				11	ES, please specif				
C.	Are you a solo parent?			lf YI	YES S, please specif	√NO y ID No			
44	DEFENDENCE (Description of the latest terms of								
41	. REFERENCES (Person not related by consanguinity or affinity to	іррііс		_					
	NAME		ADDRESS		TEL. NO.		ID picture taken within		
							the last 6 months 3.5 cm x 4.5 cm		
							(passport size)		
H							With full and handwritten name tag and signature over		
							printed name		
42	I declare under oath that I have personally accompli						Computer generated or photocopied picture		
	complete statement pursuant to the provisions of p Philippines. I authorize the agency head/authorized r						is not acceptable		
	agree that any misrepresentation made in this c						РНОТО		
	administrative/criminal case/s against me.								
F.									
	Government Issued ID (i.e.Passport, GSIS, SSS, PRC, Driven's License, etc.) PLEASE INDICATE ID Number and Date of Issuance								
Ιħ									
	Government Issued ID: N/A								
	D/License/Passport No.: N/A		Signature (Sign inside the	oox)					
	Date/Place of Issuance: N/A 07/02/2024 Date Accomplished						Dight Thumbmark		
L			Date Accomplished				Right Thumbmark		
	SUBSCRIBED AND SWORN to before me this		, affiant exh	ibitin	g his/her validly iss	ued gove	ernment ID as indicated above.		
		Person Administering Oa							
1	Person Administering Oat								