

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	Cavite		
FIRST NAME	France Allan	NAME EXTENSION (JR., SR) N/A	
MIDDLE NAME	Molato		
3. DATE OF BIRTH (mm/dd/yyyy)	02/08/1991	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	Brgy. Bontoc, Hindang, Leyte	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	National Highway
7. HEIGHT (m)	1.40	ZIP CODE	House/Block/Lot No. Street
8. WEIGHT (kg)	64.00		Bontoc
9. BLOOD TYPE	O+		Subdivision/Village Barangay
10. GSIS ID NO.	N/A		HINDANG LEYTE
11. PAG-IBIG ID NO.	N/A		City/Municipality Province
12. PHILHEALTH NO.	N/A	6523	
13. SSS NO.	N/A	18. PERMANENT ADDRESS	National Highway
14. TIN NO.	N/A	ZIP CODE	House/Block/Lot No. Street
15. AGENCY EMPLOYEE NO.	V01130		Bontoc
			Subdivision/Village Barangay
			HINDANG LEYTE
			City/Municipality Province
		6523	
		19. TELEPHONE NO.	N/A
		20. MOBILE NO.	933-465-4397
		21. E-MAIL ADDRESS (if any)	franceallan.cavite@vsu.edu.ph

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	Cavite			
FIRST NAME	Joselin Fernando	NAME EXTENSION (JR., SR) Sr.		
MIDDLE NAME	Asis			
25. MOTHER'S MAIDEN NAME	Imelda Abayhon Molato			
SURNAME	Cavite			
FIRST NAME	Imelda			
MIDDLE NAME	Molato		(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	N/A						
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 Nursing	2016	2018		2018	N/A

PLEASE SEE ATTACHMENT A			
(Continue on separate sheet if necessary)			
SIGNATURE		DATE	05/13/2025

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	Silliman University	Doctor of Philosophy in Nursing	2021	2024		2024	
(Continue on separate sheet if necessary)								
SIGNATURE				DATE		05/13/2025		

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	78.40	12/16/2011	Tacloban City	0752856	02/08/2021

(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						
01/01/2025	PRESENT	Assistant Professor I	Visayas State University	40,208.00	15-1	Permanent	Y
04/22/2024		Assistant Professor I	Visayas State University	38,413.00	15-1	Permanent	Y
04/22/2024		Assistant Professor I	Visayas State University	38,413.00	15-1	Permanent	Y
01/01/2024	04/21/2024	Instructor I	Visayas State University	30,705.00	12-1	Permanent	Y
01/01/2023		Instructor I	Visayas State University	29,165.00	12-1	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	12/31/2020	Instructor I	Visayas State University	22,938.00	12-1	Temporary	Y
01/01/2020		Instructor I	Visayas State University	24,495.00	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
02/06/2017	01/04/2019	Part-time Clinical Instructor	Visayas State University College of Nursing	17,000.00	-	Job Order	N
06/18/2016	03/30/2017	Infection Control Nurse	Ormoc Doctors' Hospital	10,068.98	-	Permanent	N
02/16/2015	06/17/2016	Chief Code Nurse	Ormoc Doctors' Hospital	7,902.95	-	Permanent	N
09/16/2014	02/15/2015	ER Code Nurse	Ormoc Doctors' Hospital	7,902.95	-	Permanent	N
12/16/2013	07/15/2014	Staff Nurse (Emergency Room)	Ormoc Doctors' Hospital	7,902.95	-	Temporary	N

(Continue on separate sheet if necessary)

SIGNATURE		DATE	05/13/2025
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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)

SIGNATURE		DATE	05/13/2025
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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, 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: _____ Ormoc Doctors' Hospital.</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><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: _____</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>Joel Rey U. Acob</td><td>Baybay City, Leyte</td><td>0956-916-1146</td></tr><tr><td>Lynn L. De Veyra</td><td>Tanauan, Leyte</td><td>0922-801-7039</td></tr><tr><td>Barbara Lyn A. Galvez</td><td>Dumaguete City</td><td>0977-823-9963</td></tr></table>			NAME	ADDRESS	TEL. NO.	Joel Rey U. Acob	Baybay City, Leyte	0956-916-1146	Lynn L. De Veyra	Tanauan, Leyte	0922-801-7039	Barbara Lyn A. Galvez	Dumaguete City	0977-823-9963
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<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>Right Thumbmark</div></div></div>												
<div><div>Government Issued ID (i.e.Passport, GSIS, SSS, PRC, Driver's License, etc.) <i>PLEASE INDICATE ID Number and Date of Issuance</i></div><div>Government Issued ID: PRC</div><div>ID/License/Passport No.: 0752856</div><div>Date/Place of Issuance: 04/16/2012 / Tacloban City</div></div>	<div><div></div><div>Signature (Sign inside the box)</div><div>05/13/2025</div><div>Date Accomplished</div></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>														