CS Form No. 212
Revised 2025

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	Dorego
FIRST NAME	Erwin
NAME EXTENSION (JR., SR)	N/A
MIDDLE NAME	Villegas
3. DATE OF BIRTH (mm/dd/yyyy)	04/18/1972
4. PLACE OF BIRTH	Tanauan, Leyte
5. SEX AT BIRTH	☑ Male ☐ Female
6. CIVIL STATUS	☐ Single ☑ Married ☐ Widowed ☐ Separated ☐ Other/s:
7. HEIGHT (m)	1.65
8. WEIGHT (kg)	90.00
9. BLOOD TYPE	B+
10. UMID ID NO.	
11. PAG-IBIG ID NO.	N/A
12. PHILHEALTH NO.	N/A
13. PHilSys NO. (PSN)	
14. TIN NO.	N/A
15. AGENCY EMPLOYEE NO.	V02573

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	cottage 4, vsu tolosa (*House/Block/Lot No.*) / National Highway (*Street*) / Tanghas (*Subdivision/Village*) / *Barangay* / TOLOSA (*City/Municipality*) / LEYTE (*Province*)
ZIP CODE	6503
18. PERMANENT ADDRESS	Juan Luna (*Street*) / Triangulo Uno (*Subdivision/Village*) / Imelda (*Barangay*) / TOLOSA (*City/Municipality*) / LEYTE (*Province*)
ZIP CODE	6503
19. TELEPHONE NO.	N/A
20. MOBILE NO.	961-926-2671
21. E-MAIL ADDRESS (if any)	erwin.dorego@vsu.edu.ph

II. FAMILY BACKGROUND

22. SPOUSE\'S SURNAME	Campos	23. NAME of CHILDREN (Write full name and list all)	DATE OF BIRTH (mm/dd/yyyy)
FIRST NAME	Winnie (NAME EXTENSION (JR., SR))	Erwin Thomas Campos Dorego	09/12/1997
MIDDLE NAME	Ganzagan	Francis Wayne Campos Dorego	09/27/1997
OCCUPATION	Nurse V	Maria Sophia Grace Campos Dorego	12/06/2002
EMPLOYER/BUSINESS NAME	EVCHD R8	Samuel Nicholas Campos Dorego	12/09/2007
BUSINESS ADDRESS	Candahug, Palo, Leyte	Estelle Lyn Campos Dorego	12/10/2009
TELEPHONE NO.	09272042694	Assumpta Campos Dorego	08/05/2012
24. FATHER\'S SURNAME	Dorego		
FIRST NAME	Ernesto (NAME EXTENSION (JR., SR))		
MIDDLE NAME	Yap		
25. MOTHER\'S MAIDEN NAME	Villegas		
SURNAME	Villegas		
FIRST NAME	Marina		
MIDDLE NAME	Cinco	*(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	PERIOD OF ATTENDANCE To	HIGHEST LEVEL/UNITS EARNED (if not graduated)	YEAR GRADUATED	SCHOLARSHIP/ ACADEMIC HONORS RECEIVED
ELEMENTARY	DANIEL Z. ROMUALDEZ MEMORIAL ELEMENTARY SCHOOL	Elementary Graduate	1979	1985		1985	N/A
SECONDARY	Tolosa National High School	High School Graduate	1985	1989		1989	N/A/ N/A
VOCATIONAL/ TRADE COURSE	N/A						
COLLEGE	Saint Rita Hospital College of Nursing and School of Midwifery	Bachelor of Science in Nursing (Major in None)	1989	1993		1993	N/A/ N/A
GRADUATE STUDIES	University of San Carlos	Master of Arts in Nursing (Major in Clinical Supervision)	2006	2007		2007	N/A/ N/A

(Continue on separate sheet if necessary)

SIGNATURE		***DATE***	10/14/2025

IV. CIVIL SERVICE ELIGIBILITY

27. CES/CSEE/CAREER SERVICE/RA 1080 (BOARD/ BAR)/UNDER SPECIAL LAWS/CATEGORY II/ IV ELIGIBILITY and ELIGIBILITIES FOR UNIFORMED PERSONNEL	RATING (If Applicable)	DATE OF EXAMINATION / CONFERMENT	PLACE OF EXAMINATION / CONFERMENT	LICENSE (if applicable)	
				NUMBER	Valid Until
RA 1080: Registered Nurse	75.00	05/08/1994	Manila	0252912	04/18/2026

(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)	STATUS OF APPOINTMENT	GOV'T SERVICE (Y/ N)
From	To				
01/01/2025	PRESENT	Nurse II	Visayas State University - Tolosa	Permanent	Y
01/01/2024	12/31/2024	Nurse II	Visayas State University - Tolosa	Permanent	Y
01/01/2023	12/31/2023	Nurse II	Visayas State University - Tolosa	Permanent	N
12/01/2022	12/31/2022	Nurse II	Visayas State University - Tolosa	Permanent	Y
01/01/2022	11/30/2022	Nurse II	Visayas State University - Tolosa	Permanent	Y
06/01/2021	12/31/2021	Nurse II	Visayas State University - Tolosa	Permanent	Y
01/01/2021	05/31/2021	Nurse II	Visayas State University - Tolosa	Permanent	Y
01/01/2020	12/31/2020	Nurse II	Visayas State University - Tolosa	Permanent	Y
12/01/2019	12/30/2019	Nurse II	Visayas State University - Tolosa	Permanent	Y
01/01/2019	11/30/2019	Nurse II	Visayas State University - Tolosa	Permanent	Y
01/01/2018	12/31/2018	Nurse II	Visayas State University - Tolosa	Permanent	Y
01/01/2017	12/31/2017	Nurse II	Visayas State University - Tolosa	Permanent	Y
12/01/2016	12/31/2016	Nurse II	Visayas State University - Tolosa	Permanent	Y
01/01/2016	11/30/2016	Nurse II	Visayas State University - Tolosa	Permanent	Y
12/01/2013	12/31/2015	Nurse II	Visayas State University - Tolosa	Permanent	Y
06/01/2012	11/30/2013	Nurse II	Visayas State University - Tolosa	Permanent	Y
06/01/2011	05/31/2012	Nurse II	Visayas State University - Tolosa	Permanent	Y
12/01/2010	05/31/2011	Nurse II	Visayas State University - Tolosa	Permanent	Y

(Continue on separate sheet if necessary)

SIGNATURE		***DATE***	10/14/2025

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)

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			
N/A	N/A	N/A	N/A	N/A	N/A

(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	N/A

(Continue on separate sheet if necessary)

SIGNATURE		**DATE**	10/14/2025

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: _____
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	OFFICE / RESIDENTIAL ADDRESS	CONTACT NO. AND/OR EMAIL

Passport-sized unfiltered digital picture taken within the last 6 months 4.5 cm. X 3.5 cm

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)
10/14/2025
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