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	CALUGAY
FIRST NAME	CARESSA JOY
NAME EXTENSION (JR., SR)	N/A
MIDDLE NAME	SANTILLAN
3. DATE OF BIRTH (mm/dd/yyyy)	4/4/1993
4. PLACE OF BIRTH	DAGUPAN CITY
5. SEX	☐ Male ☑ Female
6 CIVIL STATUS	☑ Single ☑ Married ☐ Widowed ☐ Separated ☐ Other/s:
7. HEIGHT (m)	1.74 METERS
8. WEIGHT (kg)	62
9. BLOOD TYPE	"A"
10. GSIS ID NO.	021-1695-7626-7
11. PAG-IBIG ID NO.	1211-0434-4176
12. PHILHEALTH NO.	05-025394377-4
13. SSS NO.	0236323098
14. TIN NO.	332-856-471-000
15. AGENCY EMPLOYEE NO.	1600316
16. CITIZENSHIP	☑ Filipino ☐ Dual Citizenship ☐ by birth ☐ by naturalization
If holder of dual citizenship, please indicate the details.	Pls. indicate country:
17. RESIDENTIAL ADDRESS	58 (House/Block/Lot No.) SITIO CALAMIONG (Street); N/A (Subdivision/Village) BONUAN GUESET (Barangay); DAGUPAN CITY (City/Municipality) PANGASINAN (Province); ZIP CODE 2400
18. PERMANENT ADDRESS	58 (House/Block/Lot No.) SITIO CALAMIONG (Street); N/A (Subdivision/Village) BONUAN GUESET (Barangay); DAGUPAN CITY (City/Municipality) PANGASINAN (Province); ZIP CODE 2400
19. TELEPHONE NO.	N/A
20. MOBILE NO.	09088929141
21. E-MAIL ADDRESS (if any)	calugaycaressajoys@gmail.com

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	KALEB CASEY CALUGAY	04/30/2018
MIDDLE NAME	N/A			
OCCUPATION	N/A			
EMPLOYER/BUSINESS NAME	N/A			
BUSINESS ADDRESS	N/A			
TELEPHONE NO.	N/A			
24. FATHER'S SURNAME	CALUGAY			
FIRST NAME	CLARENCE	NAME EXTENSION (JR., SR) N/A		
MIDDLE NAME	CARLOS			
25. MOTHER'S MAIDEN NAME				
SURNAME	SANTILLAN			
FIRST NAME	JOSEFA			
MIDDLE NAME	DALATEN			

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	SABANGAN ELEMENTARY SCHOOL	PRIMARY EDUCATION	1999	2005	N/A	2005	WITH HONOR
SECONDARY	COLLEGE OF ST. MICHAEL THE ARCHANGEL	HIGH SCHOOL	2005	2009	N/A	2009	Leadership Awardee
VOCATIONAL / TRADE COURSE	TESDA	MEAT PROCESSING & FISH PROCESSING	2017	2017	N/A	N/A	N/A
COLLEGE	UNIVERSITY OF PANGASINAN-PHINMA Education Network	BACHELOR OF SCIENCE IN NURSING	2009	2013	N/A	N/A	N/A
GRADUATE STUDIES	N/A	N/A	N/A	N/A	N/A	N/A	N/A

(Continue on separate sheet if necessary)

SIGNATURE		DATE	SEPT. 28, 2020

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
RA 9180 NURSING LICENSURE EXAMINATION	**77%**	**07/26/2013**	**DAGUPAN CITY**	**0806191**	**4/4/2019**

rate 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						
11/24/2019	05/30/2020	NURSING FACULTY (INSTRUCTOR)	UNIVERSITY OF PANGASINAN-PHINMA	P 18,899	N/A	CONTRACTUAL	N
10/24/2016	**8/1/2018**	**SOCIAL WELFARE ASSISTANT**	**DEPARTMENT OF HEALTH -TREATMENT AND REHABILITATION CENTER DAGUPAN**	**P 16,282**	**SG 8-2**	**PERMANENT**	**Y**
1/1/2014	**07/31/2015**	**TECHNICAL CONSULTANT**	**CITY MAYORS OFFICE- CHO - LOCAL GOVERNMENT OF DAGUPAN**	**P15,000**	**N/A**	CONTRACTUAL	**Y**

rate sheet if necessary)

SIGNATURE		***DATE***	***SEPT. 28,2020***

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		
KALEB'S OPERATION SMILE	04/30/2018	PRESENT		ORGANIZER
CHANNEL OF BLESSING	7/6/2014	4/1/2018		ORGANIZER
UNIVERSITY OF STO TOMAS MEDICAL MISSION INCORPORATED	2/6/2015	4/6/2015	52 HOURS	ORGANIZER
UNIVERSITY OF STO TOMAS MEDICAL MISSION INCORPORATED	2/5/2014	7/5/2014	120 HOURS	ORGANIZER

(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			
AKO PARA SA BATA "COVID" 2020 WEBINAR	10/27/2020	10/29/2020	8 HOURS	PARTICIPANTS	UNICEF
TRAINING ON DOH STANDARDS OF PRACTICE FOR MSW's FEATURING THE PSYCHOSOCIAL ASSESSMENT TOOL: DOH MEANS OF TESTING AMONG MEDICAL SOCIAL WORKERS	11/22/2018	11/23/2018 & 11/29/2018	24 HOURS	TECHNICAL	DEPARTMENT OF HEALTH-DRUG TREATMENT AND REHABILITATION CENTER DAGUPAN
EIGHT STRATEGIES FOR ENDING VIOLENCE AGAINST CHILDREN	11/19/2018	11/20/2018	16 HOURS	TECHNICAL	UNICEF
REGIONAL BUDGET FOR REGIONAL LINE AGENCIES AND FOR LOCAL GOVERNMENT UNITS STATE UNIVERSITIES AND COLLEGES	11/15/2018	11/16/2018	16 HOURS	TECHNICAL	PHILIPPINE COMMISION ON WOMEN AND GENDER AND DEVELOPMENT
DRUG ABUSE EDUCATION CAMPAIGN WITH THE THEME: RAISING AWARENESS OF THE YOUTH ON DRUG ABUSE PREVENTION AND CONTROL	11/5/2018	11/5/2018	8 HOURS	TECHNICAL	DEPARTMENT OF HEALTH-DRUG TREATMENT AND REHABILITATION CENTER DAGUPAN
YOUTH ADVOCACY TRAINING ON DRUG ABUSE PREVENTION AND CONTROL AT ST. COLUMBAN SCHOOL, LABRADOR PANGASINAN	10/25/2018	10/25/2018	8 HOURS	TECHNICAL	DEPARTMENT OF HEALTH-DRUG TREATMENT AND REHABILITATION CENTER DAGUPAN AND LGU LABRADOR
COMMUNITY ADVOCATES TRAINING ON DRUG ABUSE AND PREVENTION AND CONTROL FOR COMMUNITY CORE GROUPS (COMMUNITY HEALTH WORKERS)	08/24/2018	08/24/2018	8 HOURS	TECHNICAL	DEPARTMENT OF HEALTH-DRUG TREATMENT AND REHABILITATION CENTER DAGUPAN AND LGU DAGUPAN
KABATAAN KONTRA DROGA: AN ADVOCATES TRAINING FOR NEWLY ELECTED SANGGUNIANG KABATAAN FROM THE 24 BARANGAY OF BUGALLON, PANGASINAN	08/27/2018	08/27/2018	8 HOURS	TECHNICAL	DEPARTMENT OF HEALTH-DRUG TREATMENT AND REHABILITATION CENTER DAGUPAN AND LGU BUGALLON
NURSING SKILL ENHANCEMENT AND BASICS OF CRITICAL CARE	01/27/2018	01/28/2018	16 HOURS	TECHNICAL	FDM TRAINING CENTER- BAGUIO CITY
GENDER ISSUES ON DENTAL HEALTH AMONG DTRC DAGUPAN EMPLOYEES	7/12/2017	7/12/2017	8 HOURS	TECHNICAL	DEPARTMENT OF HEALTH-DRUG TREATMENT AND REHABILITATION CENTER DAGUPAN
DENTAL WELLNESS PROGRAM OUTREACH	06/22/2017	06/22/2017	8 HOURS	TECHNICAL	DEPARTMENT OF HEALTH-DRUG TREATMENT AND REHABILITATION CENTER DAGUPAN
WOMEN EMPOWERMENT: LEADERSHIP AND PERSONALITY DEVELOPMENT	05/17/2017	05/17/2017	8 HOURS	TECHNICAL	DEPARTMENT OF HEALTH-DRUG TREATMENT AND REHABILITATION CENTER DAGUPAN
SAFE MOTHERHOOD AND MARITAL ENHANCEMENT RETREAT	9/5/2017	05/16/2017	24 HOURS	TECHNICAL	DEPARTMENT OF HEALTH-DRUG TREATMENT AND REHABILITATION CENTER DAGUPAN
WORLD HEALTH DAY: "DEPRESSION LET'S TALK"	04/28/2017	04/28/2017	8 HOURS	TECHNICAL	DEPARTMENT OF HEALTH-DRUG TREATMENT AND REHABILITATION CENTER DAGUPAN
GENDER AND DEVELOPMENT; WE MAKE CHANGE WORK FOR WOMEN	8/3/2017	8/3/2017	8 HOURS	TECHNICAL	DEPARTMENT OF HEALTH-DRUG TREATMENT AND REHABILITATION CENTER DAGUPAN
DISASTER RISK REDUCTION MANAGEMENT TRAINING IN THE WORKPLACE	9/2/2017	10/2/2017	16 HOURS	TECHNICAL	PANGASINAN RISK REDUCTION MANAGEMENT CENTER
TRAINING ON COMMUNITY BASED OPD AND AFTERCARE TREATMENT AND REHABILITATION FOR DRUG ABUSERS AND RECOVERING DRUG DEPENDENTS	10/24/2016	10/25/2016	16 HOURS	TECHNICAL	DEPARTMENT OF HEALTH-DRUG TREATMENT AND REHABILITATION CENTER DAGUPAN
AKO PARA SA BATA INTERNATIONAL CONVENTION	4/12/2014	5/12/2014	16 HOURS	TECHNICAL	UNICEF
ADVANCE CARDIOVASCULAR SUPPORT	5/9/2012	5/9/2012	8 HOURS	TECHNICAL	HEALTHCARE ADVANTAGE TRAINING INSTITUTE
MASS CASUALTY INCIDENT	08/23/2012	08/23/2012	8 HOURS	TECHNICAL	HEALTHCARE ADVANTAGE TRAINING INSTITUTE
CPR PRO FOR THE PROFESSIONAL RESCUER	08/23/2012	08/23/2012	8 HOURS	TECHNICAL	HEALTHCARE ADVANTAGE TRAINING INSTITUTE
FIRST AID WITH DISASTER MANAGEMENT AND S.T.A.R.T TRIAGE	08/16/2012	08/16/2012	8 HOURS	TECHNICAL	HEALTHCARE ADVANTAGE TRAINING INSTITUTE

arate sheet if necessary)

VIII

31. SPECIAL SKILLS and HOBBIES	32. NON-ACADEMIC DISTINCTIONS / RECOGNITION (Write in full)		33. MEMBERSHIP IN ASSOCIATION/ORGANIZATION (Write in full)
COMMUNITY ORGANIZATION AND NETWORKING	UNIVERSITY OF SANTO TOMAS MEDICAL MISSION INC. - ORGANIZER		N/A
PARTY ORGANIZER			
COMPUTER LITERATE			

SIGNATURE			DATE	SEPT. 28,2020

rate sheet if necessary)

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?	☐ YES	☑ NO
b. within the fourth degree (for Local Government Unit - Career Employees)?	☐ 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:
	☐ YES	Status of case/s: ☑ NO
36. Have you ever been convicted of any crime or violation of any law, decree, ordinance or regulation by any court or tribunal?		
	☐ YES	If YES, give details: ☑ NO
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 phase-out (abolition) in the public or private sector?	☐ YES	If ☑ NO
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	If YES, give details (country): ☑ NO
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:	☐ YES	☑ NO
a. Are you a member of any indigenous group?	☐ YES	☑ NO
		If YES, please specify:
b. Are you a person with disability?		If YES, please specify ID No:
c. Are you a solo parent?		If YES, please specify ID No:

41. REFERENCES (Person not related by consanguinity or affinity to applicant /appointee)

NAME	ADDRESS	TEL. NO.
BARBIE MAE CABALLO	**UNIVERSITY OF PANGASINAN-PHINMA**	**09179879117**
KIM JHESTER U. AQUINO	**DOH-TRC DAGUPAN**	**09254871823**
LANA Q. BALOLONG	**LGU DAGUPAN**	**09238618747**
ROBERT A. GONZALES	**NATIONAL BUREAU OF INVESTIGATION-DAGUPAN**	**09322697749**

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:	**PRC ID**
ID/License/Passport No.:	**0809161**
Date/Place of Issuance:	**BAGUIO/ 04-04-2019**

Signature (Sign inside the box)

SEPTEMBER 28,2020

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