

PERSONAL DATA SHEET

WARNING: Any misinterpretation 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	FAELNAR		
FIRST NAME	LADY MAY	NAME EXTENSION (JR, SR)	
MIDDLE NAME	CAPUNO		
3. DATE OF BIRTH (mm/dd/yyyy)	5/10/1990	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	Baybay, Leyte	If holder of dual citizenship, please indicate the details.	
5. SEX	<input type="checkbox"/> Male <input checked="" 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	
7. HEIGHT (m)	1.52 m		House/Block/Lot No. Street Guadalupe
8. WEIGHT (kg)	48 kg		Subdivision/Village Barangay Baybay Leyte
9. BLOOD TYPE	A		City/Municipality Province
10. GSIS ID NO.		ZIP CODE	6521
11. PAG-IBIG ID NO.		18. PERMANENT ADDRESS	
12. PHILHEALTH NO.	13-025153683-0		House/Block/Lot No. Street Guadalupe
13. SSS NO.			Subdivision/Village Barangay Baybay Leyte
14. TIN NO.	464-146-857-000		City/Municipality Province
15. AGENCY EMPLOYEE NO.		19. TELEPHONE NO.	563-1218
		20. MOBILE NO.	0932-902-4925
		21. E-MAIL ADDRESS (if any)	ladymay132000@yahoo.com

II. FAMILY BACKGROUND

22. SPOUSE'S SURNAME	NA		23. NAME of CHILDREN (Write full name and list all)	DATE OF BIRTH (mm/dd/yyyy)
FIRST NAME		NAME EXTENSION (JR, SR)	NA	
MIDDLE NAME				
OCCUPATION	NA			
EMPLOYER/BUSINESS NAME	NA			
BUSINESS ADDRESS	NA			
TELEPHONE NO.	NA			
24. FATHER'S SURNAME	FAELNAR			
FIRST NAME	SUSANO	JR		
MIDDLE NAME	YAP			
25. MOTHER'S MAIDEN NAME				
SURNAME	CAPUNO			
FIRST NAME	MELIANIDA			
MIDDLE NAME	BATULAN			

(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	VISCA FOUNDATION ELEMENTARY SCHOOL	NA	6/1/1997	3/1/2003	NA	2003	NA
SECONDARY	LEYTE STATE UNIVERSITY LABORATORY HIGH SCHOOL	NA	6/1/2003	3/1/2007	NA	2007	NA
VOCATIONAL / TRADE COURSE	NA	NA	NA	NA	NA	NA	NA
COLLEGE	CEBU DOCTORS' UNIVERSITY	BACHELOR OF SCIENCE IN NURSING	6/1/2007	4/10/2011	NA	2011	NA
GRADUATE STUDIES	CEBU DOCTORS' UNIVERSITY	MASTER OF SCIENCE IN NURSING	6/1/2016	PRESENT	37 units	NA	NA

(Continue on separate sheet if necessary)

SIGNATURE		DATE	January 3, 2017
-----------	--	------	-----------------

[illegible]

VI. VOLUNTARY WORK OR INVOLVEMENT IN CIVIL NON-GOVERNMENT / PEOPLE / VOLUNTARY ORGANIZATION

[illegible]

(Continue on separate sheet if necessary)

VII. LEARNING AND DEVELOPMENT (L&D) INTERVENTIONS/TRAINING PROGRAMS ATTENDED


[illegible]

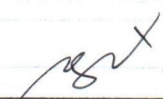

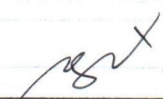

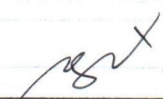

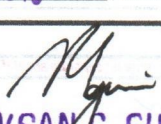
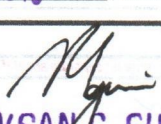
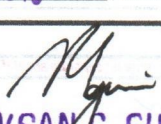
(Continue on separate sheet if necessary)

VIII. OTHER INFORMATION

[illegible]

(Continue on separate sheet if necessary)

SIGNATURE		DATE	JANUARY 3, 2017
-----------	---	------	-----------------

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)?		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If YES, give details: _____												
35. a. Have you ever been found guilty of any administrative offense? b. Have you been criminally charged before any court?		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If YES, give details: _____ <input type="checkbox"/> YES <input checked="" type="checkbox"/> 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?		<input type="checkbox"/> YES <input checked="" type="checkbox"/> 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?		<input type="checkbox"/> YES <input checked="" type="checkbox"/> 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)? 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?		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If YES, give details: _____ <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If YES, give details: _____												
39. Have you acquired the status of an immigrant or permanent resident of another country?		<input type="checkbox"/> YES <input checked="" type="checkbox"/> 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?		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If YES, please specify: _____ <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If YES, please specify ID No: _____ <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If YES, please specify ID No: _____												
41. REFERENCES (Person not related by consanguinity or affinity to applicant /appointee)														
<table><thead><tr><th>NAME</th><th>ADDRESS</th><th>TEL. NO.</th></tr></thead><tbody><tr><td>JAN ANA B. MASENDO</td><td>GUADALUPE, BAYBAY</td><td>9171080150</td></tr><tr><td>CINDY R. FRUTO</td><td>VSU, VISCA, BAYBAY</td><td>9178919213</td></tr><tr><td>DR. ELWIN JAY V. YU</td><td>VSU, VISCA, BAYBAY</td><td>9357882192</td></tr></tbody></table>			NAME	ADDRESS	TEL. NO.	JAN ANA B. MASENDO	GUADALUPE, BAYBAY	9171080150	CINDY R. FRUTO	VSU, VISCA, BAYBAY	9178919213	DR. ELWIN JAY V. YU	VSU, VISCA, BAYBAY	9357882192
NAME	ADDRESS	TEL. NO.												
JAN ANA B. MASENDO	GUADALUPE, BAYBAY	9171080150												
CINDY R. FRUTO	VSU, VISCA, BAYBAY	9178919213												
DR. ELWIN JAY V. YU	VSU, VISCA, BAYBAY	9357882192												
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.														
<table><tr><td>Government Issued ID (i.e.Passport, GSIS, SSS, PRC, Driver's License, etc.) PLEASE INDICATE ID Number and Date of Issuance</td></tr><tr><td>Government Issued ID: 0742927</td></tr><tr><td>ID/License/Passport No.:</td></tr><tr><td>Date/Place of Issuance: 12/18/2107 CEBU CITY</td></tr></table>		Government Issued ID (i.e.Passport, GSIS, SSS, PRC, Driver's License, etc.) PLEASE INDICATE ID Number and Date of Issuance	Government Issued ID: 0742927	ID/License/Passport No.:	Date/Place of Issuance: 12/18/2107 CEBU CITY	<table><tr><td> Signature (Sign inside the box) JANUARY 3, 2017 Date Accomplished</td><td> Right Thumbmark</td></tr></table>	 Signature (Sign inside the box) JANUARY 3, 2017 Date Accomplished	 Right Thumbmark						
Government Issued ID (i.e.Passport, GSIS, SSS, PRC, Driver's License, etc.) PLEASE INDICATE ID Number and Date of Issuance														
Government Issued ID: 0742927														
ID/License/Passport No.:														
Date/Place of Issuance: 12/18/2107 CEBU CITY														
 Signature (Sign inside the box) JANUARY 3, 2017 Date Accomplished	 Right Thumbmark													
SUBSCRIBED AND SWORN to before me this <u>JAN 1 2 2018</u> , affiant exhibiting his/her validly issued government ID as indicated above.														
<table><tr><td> ATTY. RYSAN C. GUINOCOR Person Administering Oath</td></tr></table>			 ATTY. RYSAN C. GUINOCOR Person Administering Oath											
 ATTY. RYSAN C. GUINOCOR Person Administering Oath														