

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	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	House/Block/Lot No. Street Guadalupe Subdivision/Village Barangay Baybay Leyte City/Municipality Province
7. HEIGHT (m)	1.52 m	ZIP CODE	6521
8. WEIGHT (kg)	50 kg	18. PERMANENT ADDRESS	House/Block/Lot No. Street Guadalupe Subdivision/Village Barangay Baybay Leyte City/Municipality Province
9. BLOOD TYPE	A	ZIP CODE	6521
10. GSIS ID NO.	2005283328	19. TELEPHONE NO.	563-1218
11. PAG-IBIG ID NO.	1212-0273-2137	20. MOBILE NO.	0943 043 0911
12. PHILHEALTH NO.	13-025153683-0	21. E-MAIL ADDRESS (if any)	ladymay132000@yahoo.com
13. SSS NO.	NA		
14. TIN NO.	464-146-857-000		
15. AGENCY EMPLOYEE NO.	V0151		

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	5/20/2108	37 units	NA	NA

(Continue on separate sheet if necessary)

SIGNATURE		DATE	Nov. 25, 2020
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[illegible]

## V. WORK EXPERIENCE

[illegible]

SIGNATURE	<i>[Signature]</i>	DATE	NOV. 25, 2020
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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		
	NA	NA	NA	NA	NA
					P

(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			
	INFECTIOUS DISEASES SUMMIT 2017 4TH BIENNIAL CONFERENCE	8/30/2017	NA	8.0		PHILIPPINE SOCIETY FOR MICROBIOLOGY AND INFECTIOUS DISEASES CEBU CHAPTER
	BASIC LIFE SUPPORT (CPR AND AED)	11/29/17	11/30/2017	12.0		BASIC LIFESAVING SOLUTIONS
	ADVANCE CARDIAC LIFE SUPPORT	11/30/2017	12/1/2018	12.0		BASIC LIFESAVING SOLUTIONS
	12TH CIM MEDICAL CONGRESS TIME IS OF THE ESSENCE	12/4/2017	12/5/2017	16.0		CEBU INSTITUTE OF MEDICINE AND CIM ALUMNI ASSOCIATION
	INFUSION THERAPY FOR CHILDREN	10/20/2018	NA	8.0		ANSAP LEYTE-SAMAR CHAPTER
	INFUSION NURSING: INFECTION PREVENTION AND CONTROL	10/21/2018	NA	8.0		ANSAP LEYTE-SAMAR CHAPTER
	PAIN AS THE 5TH VITAL SIGN: PAIN ASSESSMENT AND PAIN MANAGEMENT	11/30/2018	NA	4.0		PNA NORTHWESTERN LEYTE CHAPTER
	"MENTORING PROCESS: A CRAFT EVERY LEADER SHOULD KNOW"	11/30/2018	NA	4.0		PNA NORTHWESTERN LEYTE CHAPTER
	13th Postgraduate Course Internal Medicine	2/8/2019	NA	8.0		Philippine College of Physicians Eastern Visayas Chapter
	Orientation on the Clinical Practice Guidelines for the Diagnosis, Treatment, and Prevention of Schistosoma Japonicum Infection	3/4/2019	3/5/2019	16.0		BayBay City Health office
	Orientation on Measles Outbreak Response among Government and Private Hospitals	3/19/2019	3/20/2019	12.0		Department of Health - Eastern Visayas Center for Health Development
	Meeting with Level II Hospital / Infirmary Medical Chiefs, Prov. Administrative Officers & Prov. Health Offices	6/17/2019	6/18/2019	12.0		Department of Health - Eastern Visayas Center for Health Development
	Basic Life Support	9/5/2019	9/6/2019	16.0		Department of Health
	Standard First Aid	10/16/2019	10/17/2019	16.0		Department of Health

(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)
	Dancing		CEBU DOCTORS' UNIVERSITY COLLEGE OF NURSING DANCETEAM MEMBER		LAETARE CHANTERS
	Singing				

(Continue on separate sheet if necessary)

SIGNATURE		DATE	Nov. 25, 2020
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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
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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>Government Issued ID (i.e.Passport, GSIS, SSS, PRC, Driver's License, etc.) PLEASE INDICATE ID Number and Date of Issuance</div> <div>Government Issued ID: 0742927</div> <div>ID/License/Passport No.: PRC</div> <div>Date/Place of Issuance: 12/18/2107 CEBU CITY</div>	<div></div> <div>Signature (Sign inside the box)</div> <div>Nov. 25, 2020</div> <div>Date Accomplished</div>	<div></div> <div></div> <div>Right Thumbmark</div>												
SUBSCRIBED AND SWORN to before me this 12/1/20, affiant exhibiting his/her validly issued government ID as indicated above.														
<div> ATTY. RYSANE C. GUINOCOR VSU Chief Legal Officer Person Administering Oath</div>														



**WORK EXPERIENCE SHEET**

*Instructions: 1. Include only the work experiences relevant to the position being applied for:*

*2. The duration should include start and finish dates, if known, month in abbreviated form, if known and year full. For the current position, use the Present, e.g. 1998-Present.  
Work experience should be listed starting with the most recent/present employment.*

Duration: August 16, 2017 - present

Position: NURSE 1

Name of Office/Unit USHER

Immediate Supervisor: Dr. Elwin Jay V. Yu

**Summary of Actual Duties**

- \* Assist in the Annual Physical/Medical Examinations for Students & Employees
- \* Assist in OPD/ER consultations.
- \* Assist in the management and transportation of critical and emergent patients.
- \* Gives emergency and therapeutic nursing care to patients.
- \* Monitor Emergency and Rescue Unit vehicles, equipment and supplies.
- \* Administer prescribed medicines to patients.
- \* Prepares beds and sterilizes dressing supplies
- \* Participate and helps in the implementation of school health programs through education, information and dissemination

  
**LADY MAY C. FAELNAR**

(Signature over Printed Name of  
Employee/Applicant)

Date: Nov. 25, 2020