

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 | DE LOS SANTOS | | |
| FIRST NAME | JANET ALEXIS | | NAME EXTENSION (JR., SR) |
| MIDDLE NAME | APURILLO | | |
| 3. DATE OF BIRTH (mm/dd/yyyy) | 12/21/1982 | 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 | TACLOBAN CITY | If holder of dual citizenship, please indicate the details. | |
| 5. SEX | <input type="checkbox"/> Male <input checked="" type="checkbox"/> Female | | Philippines |
| 6. CIVIL STATUS | <input type="checkbox"/> Single <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Married <input type="checkbox"/> Separated If Other/s: | 17. RESIDENTIAL ADDRESS | |
| 7. HEIGHT (m) | 5'2 | | House/Block/Lot No. Street |
| 8. WEIGHT (kg) | 68kg | ZIP CODE | VSU CAMPUS, VISCA PANGASUGAN |
| 9. BLOOD TYPE | AB | | BAYBAY LEYTE |
| 10. GSIS ID NO. | 957-0057014-01-8 | | City/Municipality Province |
| 11. PAG-IBIG ID NO. | 080144667909 | 18. PERMANENT ADDRESS | 113, PHASE 4, BLK 5, LOT 47 GURAMI |
| 12. PHILHEALTH NO. | 13-050063412-0 | | House/Block/Lot No. Street |
| 13. SSS NO. | 06-2525530-8 | | V&G 109-A |
| 14. TIN NO. | 941-572-781 | | Subdivision/Village Barangay |
| 15. AGENCY EMPLOYEE NO. | V00787 | | TACLOBAN LEYTE |
| | | 19. TELEPHONE NO. | 563 7317 |
| | | 20. MOBILE NO. | 09273514112 |
| | | 21. E-MAIL ADDRESS (if any) | janetalexis.delossantos@vsu.edu.ph |


II. FAMILY BACKGROUND

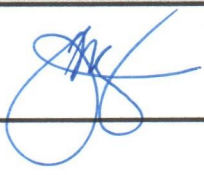
| | | | | |
|--------------------------|----------------------------------|--------------------------|---|----------------------------|
| 22. SPOUSE'S SURNAME | DE LOS SANTOS | | 23. NAME OF CHILDREN (Write full name and list all) | DATE OF BIRTH (mm/dd/yyyy) |
| FIRST NAME | ALEX | NAME EXTENSION (JR., SR) | EMMANUEL ALFONSO DE LOS SANTOS | 11/05/2009 |
| MIDDLE NAME | ABELLAR | | GABRIELLE ALTHEA DE LOS SANTOS | 12/10/2016 |
| OCCUPATION | PRIVATE EMPLOYEE | | | |
| EMPLOYER/BUSINESS NAME | GREEN CARBON INC. | | | |
| BUSINESS ADDRESS | BRGY. MAYBOG, BAYBAY CITY, LEYTE | | | |
| TELEPHONE NO. | 0917-862-4762 | | | |
| 24. FATHER'S SURNAME | ~deceased | | | |
| FIRST NAME | | NAME EXTENSION (JR., SR) | | |
| MIDDLE NAME | | | | |
| 25. MOTHER'S MAIDEN NAME | | | | |
| SURNAME | ASTORGA | | | |
| FIRST NAME | EDNA | | | |
| MIDDLE NAME | RAMOS | | | |

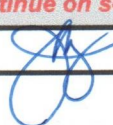
III. EDUCATIONAL BACKGROUND

| 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 | HOLY INFANT COLLEGE | Elementary | 06/01/1995 | 03/01/1996 | | 1996 | |
| SECONDARY | LEYTE NATIONAL HIGH SCHOOL | Secondary | 06/01/1996 | 04/01/2000 | | 2000 | |
| VOCATIONAL / TRADE COURSE | ST. SCHOLASTICA'S COLLEGE OF HEALTH SCIENCES | ASSOCIATE IN HEALTH SCIENCE EDUCATION | 06/01/2000 | 04/01/2002 | | 2002 | |
| COLLEGE | ST. SCHOLASTICA'S COLLEGE OF HEALTH SCIENCES | BACHELOR OF SCIENCE IN NURSING | 06/01/2002 | 04/01/2004 | | 2004 | |
| GRADUATE STUDIES | UNIVERSITY OF SAN CARLOS | MASTER OF ARTS IN NURSING maj CLINICAL SUPERVISION | 10/01/2006 | 11 2007 | | 2007 | |
| | CEBU NORMAL UNIVERSITY | DOCTOR OF SCIENCE IN NURSIN- GERONTOLOGY | 11 2012 | | 48 u | | |
| | ST PAUL UNIVERSITY PHILIPPINES | DOCTOR OF PHILOSOPHY - NURSING SCIENCE | 07 2016 | 08/01/2020 | | 2020 | CHED SCHOLAR |

(Continue on separate sheet if necessary)

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| SIGNATURE |  | DATE | 4-11-2023 |
|-----------|---|------|-----------|

| 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 | | |
| PHILIPPINE NURSE LICENSURE EXAMINATION | | 06/01/2004 | MANILA, PHILIPPINES | 0361451 | DEC 21 2025 | | |
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| (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 | GOVT SERVICE (Y/ N) |
| From | To | | | | | | |
| 09/15/2022 | present | Associate Professor IV | College of Nursing / Visayas State University | 71,511 | SG22 | permanent | Y |
| 07/01/2019 | 09/14/2022 | Associate Professor I | College of Nursing / Visayas State University | 46,791.00 | SG 19 | permanent | Y |
| 01/01/2017 | 06/30/2019 | Assistant Profesor II | College of Nursing / Visayas State University | 33,584 | SG 16/1 | permanent | Y |
| 08/01/2016 | 12/30/2016 | INSTRUCTOR - III | College of Nursing / Visayas State University | 24141.00 | SG 14/1 | permanent | Y |
| 11/01/2015 | 12/31/2015 | INSTRUCTOR - III | College of Nursing / Visayas State University | 24141.00 | SG 14/1 | temporary | Y |
| 01/01/2015 | 10/31/2015 | INSTRUCTOR - III | College of Nursing / Visayas State University | 24141.00 | SG 12/1 | temporary | Y |
| 06/01/2012 | 12/31/2014 | INSTRUCTOR - I | College of Nursing / Visayas State University | 19940.00 | SG 12/1 | temporary | Y |
| 06/01/2011 | 05/31/2012 | INSTRUCTOR - I | College of Nursing / Visayas State University | 19940.00 | SG 12/1 | temporary | Y |
| 12/01/2010 | 05/31/2011 | INSTRUCTOR - I | College of Nursing / Visayas State University | 19940.00 | SG 12/1 | temporary | Y |
| 06/24/2010 | 11/30/2010 | INTRUCTOR - I | College of Nursing / Visayas State University | 19940.00 | SG 12/1 | contractual | Y |
| 06/07/2010 | 06/23/2010 | INTRUCTOR - I | College of Nursing / Visayas State University | 19940.00 | SG 12/1 | contractual | Y |
| 11/03/2005 | 05/30/2010 | Nursing Faculty | St. Scholastica's College of Health Sciences | 15000.00 | | Regular | N |
| 08/01/2005 | 01/30/2006 | Staff Nurse | Bethany Hospital | 6000.00 | | Regular | N |
| 06/01/2005 | 07/31/2005 | Nurse Orientee | Divine Word Hospital | 3500.00 | | volunteer | N |
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| (Continue on separate sheet if necessary) | | | | | | | |
| SIGNATURE | |  | | DATE | | 4-11-2023 | |

| 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 | | | | |
| HAIVEN HIV ADVOCACY AND SUPPORT GROUP FOR PEOPLE LIVING WITH HIV/AIDS | 01/01/2018 | present | | volunteer nurse/ Community Based Screening motivator | | |
| Department of Health RO VIII | 07/05/2019 | present | | volunteer nurse/ Community Based Screening personnel for HIV/AIDS | | |
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| (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 | | | | | | |
| 30. TITLE OF LEARNING AND DEVELOPMENT INTERVENTIONS/TRAINING PROGRAMS (Write in full) | INCLUSIVE DATES OF ATTENDANCE | | NUMBER OF HOURS | Type of LD (Managerial/ | CONDUCTED/ SPONSORED BY (Write in full) | |
| | From | To | | | | |
| Training-Workshop on Selected Quantitative Method | 03/04/2023 | 05/04/2023 | 16 | Technical | Visayas State Unievrstiy | |
| Basic Principles of Quantitative Data Analysis with Statistical Applications | 03/20/2023 | 03/20/2023 | 4 | Technical | National Teacher Training Center for Health Professions, University of the Philippines Manila | |
| Mandatory Orientation and Re-Orienttion of Academic Advisers and Department Heads, and | 10/02/2023 | 10/02/2023 | 4 | Technical | Visayas State University | |
| The Why's and How's of Psychatric Nurses and APRNs | 10/02/2023 | 10/02/2023 | 2.0 | Technical | FiND Network, PNA, ADPCN, and ST. Anthony's College | |
| Basic Research Ethics Training | 01/31/2023 | 01/02/2023 | 16.0 | Technical | Philippine Health Research Ethics Board and Philippine Council for Health | |
| I-SUCCEED Training | 05/12/2022 | 09/12/2022 | 40.0 | Technical | Saxion University, Netherlands | |
| 4th National Nursing Research Webinar | 10/09/2022 | 10/09/2022 | 4 | Technical | Beta Nu Delta Nursing Society | |
| Nurse Educators and Practitioners Guild Mid-Year Conference and Workshop | 08/13/2022 | 08/15/2022 | 12 | Technical | Nurse Educators and Practitioners Guild | |
| Virtual Nutricomnet Media Forum for Region 8 | 10/08/2022 | 10/08/2022 | 4.0 | Technical | DOST Food and Nutrition Institute | |
| Data Analytics and Statistics Training | 07/18/2022 | 07/19, 2022 | 8 | Technical | Eastern Visayas Health Research and Dev | |
| International Course Program (ICP) South Workshop 2022 | 05/24/2022 | 05/27/2022 | 32.0 | Technical | Visayas State Unievrstiy, University of Hasselt | |
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| (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 | | | |
| Driving | Distinguished Health Researcher Awardee 2021 - EVHRDC | | Interational AIDS Society | | | |
| | Distinguished Health Researcher Awardee 2022 - EVHRDC | | Association of Nurses in AIDS Care | | | |
| | | | International Association on Human Caring | | | |
| | | | National Association of Public Health Nurse Inc. | | | |
| | | | Philippine Society of SRH Nurses Inc | | | |
| | | | American Psychological Association | | | |
| | | | National Research Council of the Philippines | | | |
| | | | Sigma Theta Tau, International Honor Society of Nursing | | | |
| (Continue on separate sheet if necessary) | | | | | | |
| SIGNATURE | |  | | DATE | 4-11-2023 | |

| 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><input checked="" type="checkbox"/> NO</div> <div>If YES, give details:</div> | | | | | | | | | | | | |
|--|---|------------|---------|----------|---------------------|--|----------|-----------------|--------------------------|------------|-----------------|--|------------|
| 35. a. Have you ever been found guilty of any administrative offense? b. Have you been criminally charged before any court? | <div><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</div> <div>If YES, give details:</div> <div>If YES, give details:</div> <div>Date Filed:</div> <div>Status of Case/s:</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><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</div> <div>If YES, give details:</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><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</div> <div>If YES, give details:</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><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</div> <div>If YES, give details:</div> <div>If YES, give details:</div> | | | | | | | | | | | | |
| 39. Have you acquired the status of an immigrant or permanent resident of another country? | <div><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</div> <div>If YES, give details (country):</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><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> | | | | | | | | | | | | |
| 41. REFERENCES (Person not related by consanguinity or affinity to applicant /appointee) | | | | | | | | | | | | | |
| <table><tr><th>NAME</th><th>ADDRESS</th><th>TEL. NO.</th></tr><tr><td>Sr. FLORENCE LAROCO</td><td>ST. SCHOLASTICA'S COLLEGE OF HELATH SCIENCES</td><td>325-2188</td></tr><tr><td>CYRUZ P. TUPPAL</td><td>EMILIO AGUINALDO COLLEGE</td><td>9083005876</td></tr><tr><td>CARMEN N. FIRMO</td><td>UNIVERSITY OF THE PHILIPPINES MANILA SCHOOL OF HEALTH SCIENCES</td><td>9177096538</td></tr></table> | | NAME | ADDRESS | TEL. NO. | Sr. FLORENCE LAROCO | ST. SCHOLASTICA'S COLLEGE OF HELATH SCIENCES | 325-2188 | CYRUZ P. TUPPAL | EMILIO AGUINALDO COLLEGE | 9083005876 | CARMEN N. FIRMO | UNIVERSITY OF THE PHILIPPINES MANILA SCHOOL OF HEALTH SCIENCES | 9177096538 |
| NAME | ADDRESS | TEL. NO. | | | | | | | | | | | |
| Sr. FLORENCE LAROCO | ST. SCHOLASTICA'S COLLEGE OF HELATH SCIENCES | 325-2188 | | | | | | | | | | | |
| CYRUZ P. TUPPAL | EMILIO AGUINALDO COLLEGE | 9083005876 | | | | | | | | | | | |
| CARMEN N. FIRMO | UNIVERSITY OF THE PHILIPPINES MANILA SCHOOL OF HEALTH SCIENCES | 9177096538 | | | | | | | | | | | |
| 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: PRC</div> <div>ID/License/Passport No.: 0361451</div> <div>Date/Place of Issuance: 7/15/2004 TACLOBAN CITY</div> | <div><div>Signature (Sign inside the box)</div><div>Date Accomplished</div></div> <div><div>PHOTO</div><div>Right Thumbmark</div></div> | | | | | | | | | | | | |
| SUBSCRIBED AND SWORN to before me this 13 APR 2023, affiant exhibiting his/her validly issued government ID as indicated above. | | | | | | | | | | | | | |
| <div>ATTY. RYSAN C. GUINOCOR VSU Chief Legal Officer</div> <div>Person Administering Oath</div> | | | | | | | | | | | | | |