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

Print legibly. Tick appropriate boxes I. PERSONAL INFORMATIO	TO FILLING OUT THE PERSONAL DATA SH. O	N/A if not applicable. DO NOT	ABBREVIATE.		1. CS ID No.		(Do not fill up. F	or CSC use on
2. SURNAME	DUMAGUING							
FIRST NAME					***************************************	NAME EXTENSION (JR	SR)	
	MARIE NINA							
MIDDLE NAME 3. DATE OF BIRTH	PRADO		Secretaria de mendia necessaria	_				
(mm/dd/yyyy)	7/2/1987	16. CITIZENSHIP	✓ Filipino ☐ Dual Citizenship ☐ by birth ☐ by natu			by natural	ralization	
4. PLACE OF BIRTH	TERESA, RIZAL	If holder of dual citize				Pls. indicate c	country:	
5. SEX	☐ Male ✓ Female	please indicate the o	etails.				-	
6 CIVIL STATUS	☐ Single ☐ Married ☐ Widowed ☐ Separated ☐ Other/s:	17. RESIDENTIAL ADDRESS	House/Block/Lot No. N/A S			IO HINUBIGON Street SAN ISIDRO		
7. HEIGHT (m)	1.58 m	1	Subdivision/Village BAYBAY			Barangay LEYTE		
8. WEIGHT (kg)	68kg	ZIP CODE	City/Municipality CE24		6521	Province		
9. BLOOD TYPE	B+	18. PERMANENT ADDRESS		N/A			SITIO HINUBIGON	
			House/Block/Lot No. N/A Subdivision/Village BAYBAY City/Municipality			Street SAN ISIDRO Barangay LEYTE Province		
10. GSIS ID NO.	2005690528							
11. PAG-IBIG ID NO.	121231783813							
12. PHILHEALTH NO.	130251242683	ZIP CODE		14.50		6521	1 PROSTOR OF REPORTER	
13. SSS NO.	N/A Scenar	19. TELEPHONE NO.		N/A			5tr 150 1.57	K Marin
4. TIN NO.	730908460000	20. MOBILE NO.	09233747251			overen i stanove i		
5. AGENCY EMPLOYEE NO.	N/A	21. E-MAIL ADDRESS (if any)	mcabrielleber123@gmail.co			.com		
I. FAMILY BACKGROUND								
2. SPOUSE'S SURNAME	DUMAGUING		23. NAME of CH	IILDREN (Write	e full name an	d list all)	DATE OF BIRT	TH (mm/dd/yyyy
FIRST NAME	MARK	NAME EXTENSION (JR., SR)	MCALENEIL P. DUMAGUING		8/4/2007			
MIDDLE NAME	MANIGO	1.	MCABRIELLE P. DUMAGUING 04/2			1/2012		
OCCUPATION	NURSE		MCAEMBER P. DUMAGUING			12/11/2016		
EMPLOYER/BUSINESS NAME	N/A		MCANUARIE P. DUMAGUING		01/13/2022			
BUSINESS ADDRESS	N/A					100		
TELEPHONE NO.	N/A		1					
24. FATHER'S SURNAME	PRADO							
FIRST NAME	CORNELIO	NAME EXTENSION (JR., SR)						
MIDDLE NAME	DANIELES							
25. MOTHER'S MAIDEN NAME						mr de		1
SURNAME	LOPEZ					320,77		A Prog
FIRST NAME	EMIRA				7.			
MIDDLE NAME	BAUTISTA		(Continue on separate sheet if no		parate sheet if nece	ssary)		
III. EDUCATIONAL BACKG	GROUND							
26. LEVEL	NAME OF SCHOOL (Write in full)	BASIC EDUCATION/DEGR (Write in full)	EE/COURSE	PERIOD OF A	To	HIGHEST LEVEL/ UNITS EARNED (if not graduated)	YEAR GRADUATED	SCHOLARSHIF ACADEMIC HONORS RECEIVED
ELEMENTARY	FRANCISCAN COLLEGE OF THE IMMACULATE CONCEPTION	PRIMARY		1994	2000	N/A	2000	N/A
SECONDARY	FRANCISCAN COLLEGE OF THE IMMACULATE CONCEPTION	HIGH SCHOO	L	2000	2004	N/A	2004	N/A
VOCATIONAL / TRADE COURSE	N/A	N/A		N/A	N/A	N/A	N/A	N/A
COLLEGE	CEBU DOCTORS' UNIVERSITY	BACHELOR OF SCIENCE	IN NURSING	2004	2011	N/A	2011	N/A
GRADUATE STUDIES	N/A	N/A		N/A	N/A	N/A	N/A	N/A
		Continue on separate sheet if ne	cessary)	and the specimen				
SIGNATURE	Windfords.			DA	TE	Au	igust 8, 2024	1

	ERVICE ELIGIBIL ER SERVICE/ RA 1080			DATE OF				LICENSE (if a	applicable)
		RATING (If Applicable)	EXAMINATION / CONFERMENT	PLACE OF EXAMINATION / CONFERMENT		RMENT	NUMBER	Date of Validity	
PHILIPPINE	RA 1080	SURE EXAMINATION)	79.60%	JUNE 3-4, 2018	UNIVERSITY OF CE	EBU-MAIN C	CAMPUS	0907982	07/02/20
NON-PROFESSIONAL DRIVER'S LICENSE N/A			N/A	11/04/2015	AY CITY	E-177,272	H12-002918	07/02/20	
							AMERICA TO A STATE OF THE STATE		
iclude privat	THE STATE OF THE PARTY OF THE P	Start from your recer		(Continue on separate shee	et if necessary) e indicated in the attache	ed Work Ext	Market and the second s		
	ISIVE DATES m/dd/yyyy) To	POSITION T (Write in full/Do not			ENCY / OFFICE / COMPANY	MONTHLY SALARY	SALARY/ JOB/ PAY GRADE (if applicable) & STEP (Format "00-0")/ INCREMENT	STATUS OF	GOV'T SEF (Y/ N)
03/20/2023	09/30/2023	NURSE	. II	RELIEF INTI	ERNATIONAL INC.	PHP 38, 150	SG15	CONTRACT OF SERVICE	Y
0/01/2022	12/31/2022	NURSE	, II		EALTH EASTERN VISAYAS R FOR HEALTH	PHP 38, 150	SG15	PS CONTRUCTUAL	. Y
1/18/2021	12/31/2021	NURSE	.1	DEPARTMENT OF HE	EALTH EASTERN VISAYAS R FOR HEALTH	PHP 33,575	SG15	PS CONTRUCTUAL	. Y
4/03/2020	12/31/2020	NURSE	.II	DEPARTMENT OF HE	EALTH EASTERN VISAYAS R FOR HEALTH	PHP 32,056	SG15	PS CONTRUCTUAL	. Y
9/16/2019	12/31/2019	NURSE	.II	DEPARTMENT OF HE	EALTH EASTERN VISAYAS R FOR HEALTH	PHP 30,531	SG15	PS CONTRUCTUAL	. Y
3/01/2019	05/31/2019	NURSE	Ē	+	TY HEALTH OFFICE	PHP 6,600	N/A	JOB ORDER	Y
1/05/2018	12/31/2018	PUBLIC HEALTH A	ASSOCIATE	DEPARTMENT	T OF HEALTH-RO VIII	PHP 22,149	SG11	CONTRACT OF SERVICE	Y
06/08/2016	10/31/2019	NURSE	Ē	BAYBAY CIT	TY HEALTH OFFICE	PHP 6,000	N/A	JOB ORDER	Υ
					25 10 0 0 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1				
SIGNA	ATURE	Wnalodo-		(Continue on separate shee	eet if necessary) DATE		Auç	gust 8, 2024	

	DRGANIZATION		OLUMPART O	NORINIZATIOI			
(Write in ful		HIOLOGI	VE DATES				
TERNATIONAL SURGICAL HEALTH INITIATI	(Write in full)		(mm/dd/yyyy) From To		POSITION / NATURE OF WORK		
NTERNATIONAL SURGICAL HEALTH INITIATING		01/27/2019	01/27/2019 01/31/2019		i amuzati	NURSE	
					-860		
	Sharp Seven						
I. LEARNING AND DEVELOPMENT (L&D)		ontinue on separate)			
30. TITLE OF LEARNING AND DEVELOPMENT INTERVENTIONS/TRAINING PROGRAMS (Write in full)		INCLUSIVE DATES OF ATTENDANCE (mm/dd/yyyy) From To		NUMBER OF HOURS	Type of LD (Managerial/ Supervisory/ Technical/etc)	CONDUCTED/ SPONSORED BY (Write in full)	
PSYCHOLOGICAL FIRST A	AID TRAINING	03/06/2022	03/06/2022	8.0	TECHNICAL	BINAYBAYON CONVENTION CENTER	
PSYCHOSOCIAL AWARENI	ESS ACTIVITY	12/17/2020	12/17/2020	8.0	TECHNICAL	BAYBAY NATIONAL HIGH SCHOOL	
HEALTHY YOUNG	ONES	11/25/2019	11/25/2019	24.0	TECHNICAL	CITY HEALTH OFFICE	
BASIC LIFE SUPP	ORT	11/20/2019	11/21/2019	16.0	TECHNICAL	CITY HEALTH OFFICE	
WORLD RABIES DAY 2019			09/27/2019	8.0	TECHNICAL	PROVINCIAL HEALTH OFFICE	
REGIONAL RABIES PROGRAM REV	TEW AND WORKSHOP	03/19/2019	03/21/2019	24.0	TECHNICAL	PROVINCIAL HEALTH OFFICE	
ANIMAL BITE MANAGEME	NT TRAINING	09/03/2018	07/03/2019	24.0	TECHNICAL	PROVINCIAL HEALTH OFFICE	
FOOD OPERATION/HANDLER'S CLASS			09/11/2018	8.0	TECHNICAL	CITY HEALTH OFFICE	
III. OTHER INFORMATION		Confinue on separati	e sheet if necessar	V)			
31. SPECIAL SKILLS and HOBBIES	32. NON-ACADEMIC DISTINCTIONS / RECOGNITION (Write in full) NON-ACADEMIC DISTINCTIONS / RECOGNITION (Write in full) 33. MEMBERSHIP IN ASSOCIATION/ORGANI (Write in full)					33. MEMBERSHIP IN ASSOCIATION/ORGANIZATI (Write in full)	
MS OFFICE APPLICATION	N/A					PHILIPPINE NURSES' ASSOCIATION	
MS EXCEL							
MS WORD					27.77.102		
INTERNET NAVIGATION				mand there		A STATE OF THE STA	
SOCIAL MEDIA AND EMAIL SYSTEM	HOW ON CORNEY, VIVIA C. SIGNOD WO. W. ON					J. S. COMPONENT SOCIETY	
2500 (U) 2024 350 (U) 2025							
	Winafado		ite sheet if necessa	iry)	Apple 10 September 10		

34.	Are you related by consanguinity or affinity to the appointing of chief of bureau or office or to the person who has immediate a Bureau or Department where you will be appointed,						
	a. within the third degree?	☐ YES ☑	NO				
	b. within the fourth degree (for Local Government Unit - Caree	☐ YES ☑	NO				
			If YES, give details:				
35.	a. Have you ever been found guilty of any administrative offer	ise?	☐ YES ☑] NO			
			If YES, give details:				
	b. Have you been criminally charged before any court?		☐ YES ☐	NO			
	, , , , , , , , , , , , , , , , , , , ,		If YES, give details:				
11.57							
+0.000			Status of Case/s:				
36.	Have you ever been convicted of any crime or violation of any	law, decree, ordinance or regulation by	☐ YES [√ NO			
	any court or tribunal?	If YES, give details:					
37.	Have you ever been separated from the service in any of the		✓ YES	NO			
	dropped from the rolls, dismissal, termination, end of term, fini the public or private sector?	If YES, give details:	END OF TERM				
38.	a. Have you ever been a candidate in a national or local electi Barangay election)?	on held within the last year (except	YES	☑ NO			
			If YES, give details:				
	b. Have you resigned from the government service during the election to promote/actively campaign for a national or local ca	YES NO If YES, give details:					
39.	Have you acquired the status of an immigrant or permanent re	☐ YES	√ NO				
		If YES, give details (country):					
40.	Pursuant to: (a) Indigenous People's Act (RA 8371); (b) Magn	a Carta for Disabled Persons (RA 7277)					
	and (c) Solo Parents Welfare Act of 2000 (RA 8972), please a		1 1 127 150 15				
a.	Are you a member of any indigenous group?		YES	☑ NO			
b.	Are you a person with disability?	If YES, please specify:					
	, we you a person with disability:	☐ YES ☑ NO If YES, please specify ID No:					
C.	Are you a solo parent?		☐ YES ☑ NO If YES, please specify ID No:				
41.	REFERENCES (Person not related by consanguinity or affinity to applicant le	appointee)					
	NAME	ADDRESS	TEL. NO.				
	SUZETTE B. ARCILLAS RN	PALO LEYTE	9061774049				
	JEROME B. PROFETANA	BAYBAY LEYTE	9778121008				
-	ANN RHEA A. CELAYA	BAYBAY LEYTE	9700359601				
42.	I declare under oath that I have personally accomplished	this Personal Data Sheet which is a tr	ue, correct and				
	complete statement pursuant to the provisions of pertiner	nt laws, rules and regulations of the I	Republic of the				
	Philippines. I authorize the agency head/authorized represen agree that any misrepresentation made in this docum	tative to verity/validate the contents state	d herein.	MARIE NINA P. DUMAGUING			
	administrative/criminal case/s against me.	one and no addomnonts shall cause	s the filling of				
Go	overnment Issued ID (i.e. Passport, GSIS, SSS, PRC, Driver's License, etc.)						
PL	LEASE INDICATE ID Number and Date of Issuance	A					
Go	overnment Issued ID: PRC	Whatadt					
ID/	License/Passport No.: 0907682	Signature (Sign inside the bo	x)	## 35 k			
Da	te/Place of Issuance: 07/11/2018 TACLOBAN LEYTE		Right Thumbmark				
	SUBSCRIBED AND SWORN to before me this 2 9 AUG 20	Date Accomplished					
		ATTY. VIVIAN FRIEDROWN	ingthisher validly issued go	overnment ID as indicated above.			
	Doc. No. 200	NC. NO. 8-19-12-66, JANUARY 1	0, 2024				
	Page No. (US) Book No. (XXXII)	UNTIL DECELIBER 31, 202					
	Book No. No.	/ ROLL NO. 62930 PTR NO. BC0204438, 1/2/2024, BAYBA	Y CITY, LEYTE				
	Series of 2024	IPPerson3AZFARistering3ath	ente.				
		MCLE COMPLIANCE NO. VII-20	64755				