

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	MAGNO		
FIRST NAME	JESUSA	N/A	
MIDDLE NAME	MACALINAO		
3. DATE OF BIRTH (mm/dd/yyyy)	DECEMBER 25, 1960	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	CARIGARA, LEYTE	If holder of dual citizenship, please indicate the details.	Philippines
5. SEX	<input type="checkbox"/> Male <input checked="" type="checkbox"/> Female		
6 CIVIL STATUS	<input type="checkbox"/> Single <input checked="" type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Separated <input type="checkbox"/> Other/s:	17. RESIDENTIAL ADDRESS	House/Block/Lot No. Street TAGAK Subdivision/Village Barangay CARIGARA LEYTE City/Municipality Province
7. HEIGHT (m)	1.6	ZIP CODE	6529
8. WEIGHT (kg)	59.7		
9. BLOOD TYPE	O	18. PERMANENT ADDRESS	House/Block/Lot No. Street TAGAK Subdivision/Village Barangay CARIGARA LEYTE City/Municipality Province
10. GSIS ID NO.	2005147215	ZIP CODE	6529
11. PAG-IBIG ID NO.	1700-0025-4046		
12. PHILHEALTH NO.	13-050001289-8	19. TELEPHONE NO.	N/A
13. SSS NO.	03-8222697-1	20. MOBILE NO.	0956 264 8635
14. TIN NO.	151-027-805	21. E-MAIL ADDRESS (if any)	jesusa.magno@vsu.edu.ph
15. AGENCY EMPLOYEE NO.	V00956		

II. FAMILY BACKGROUND

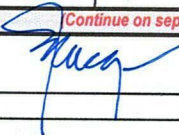
22. SPOUSE'S SURNAME	MAGNO		23. NAME of CHILDREN (Write full name and list all)	DATE OF BIRTH (mm/dd/yyyy)
FIRST NAME	MARIOLITO	N/A	MARK M. MAGNO	6/25/1986
MIDDLE NAME	OCHAVE		MARIOLITO M. MAGNO JR.	01/05/1988
OCCUPATION	FARMER		MARION JANE M. MAGNO	04/08/1996
EMPLOYER/BUSINESS NAME	N/A			
BUSINESS ADDRESS	N/A			
TELEPHONE NO.	N/A			
24. FATHER'S SURNAME	MACALINAO			
FIRST NAME	CIRIACO	N/A		
MIDDLE NAME	NARIDO			
25. MOTHER'S MAIDEN NAME				
SURNAME	ROCHA			
FIRST NAME	PRISCILA			
MIDDLE NAME	SIGLER			

(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	TAGAK ELEMENTARY SCHOOL	PRIMARY EDUCATION	1967	1973	GRADUATED	1973	N/A
SECONDARY	CARIGARA SCHOOL OF FISHERIES	HIGH SCHOOL	1973	1977	GRADUATED	1977	N/A
VOCATIONAL / TRADE COURSE	N/A	N/A	N/A	N/A	N/A	N/A	N/A
COLLEGE	DZRMH SCHOOL OF NURSING	GRADUATE NURSE	1980	1982	GRADUATED	1982	FIRST HONOR
	CONCORDIA COLLEGE	BSN	1983	1985	GRADUATED	1985	N/A
GRADUATE STUDIES	UNIVERSITY OF SAN CARLOS	MAN	2008	2009	GRADUATED	2009	N/A

(Continue on separate sheet if necessary)

SIGNATURE		DATE	FEBRUARY 15, 2025
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## IV. CIVIL SERVICE ELIGIBILITY

[illegible]

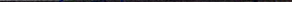
(Continue on separate sheet if necessary)

## V. WORK EXPERIENCE

(Include private employment. Start from your recent work) Description of duties should be indicated in the attached Work Experience sheet.

[illegible]

(Continue on separate sheet if necessary)

SIGNATURE		DATE	FEBRUARY 15, 2025
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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		
	periOperative Registered Nurses Association ORNAP	JUL 20/24	JULY 2024	8	INSTRUMENT NURSE
		JUL/6/24	JULY 6, 2024	6	INSTRUMENT NURSE
	Philippine Nurses Association, North Leyte Chapter	DEC 15/24	DEC-15, 2024	6	LECTURER
	Senior Citizens Organization	DEC 15/24	DEC. 15, 2024	6	FACILITATOR
	Professional Regulatory Commission	Jul-23	JULY 2023	3	PARTICIPANT

(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			
	CAE/ELEVATE Apollo Prehospital Patient Simulation Operation and Program Training	Feb. 13, 2025	Feb. 14, 2025	8	TECHNICAL	ASPEN Multisystem Corporation
	9th Regional Convention and Scientific Meeting	Jan. 18, 2025	Jan. 18, 2025	8	MANAGERIAL	periORNAP, Eastern Visayas Chapter
	Current Innnovation in DM Mgt and Stroke Prevention	Dec 6, 2024	Dec 6, 2024	4	TECHNICAL	Health Polytechnique, Malang Indonesia
	Capability Building on Race Against Suicide	Oct. 16, 2024	Oct. 16, 2024	8	TECHNICAL	Visayas State University
	49th Annual Convention and Scientific Meeting	July 13, 2024	July 14, 2024	16	MANAGERIAL	ORNAP
	8th Regional Convention and Scientific Meeting	Jan. 20, 2024	Jan. 20, 2024	8	MANAGERIAL	ORNAP
	PNA National Convention	Oct. 23, 2024	Oct. 25, 2024	24	MANAGERIAL	Philippine Nurses Association
	PNA Summer Conference	May 12, 2024	May 12, 2024	8	MANAGERIAL	PNA, Iloilo
	ISO 9001:2015 Awareness and Re-awareness	Aug. 29,2024	Aug. 29,2024	8	MANAGERIAL	Visayas State University
	Practicum Summit and Career Guidance Program	Feb.5, 2023	Feb.5, 2023	4	TECHNICAL	ACLCL, Tacloban City
	Buntis Congress: MC Health Care	Dec. 15, 2022	Dec. 15, 2022	8	TECHNICAL	LGU/RHU, Babatngon Leyte
	International Conference: Cerebro Vascular Accident	Dec. 7, 2022	Dec. 7, 2022	4	TECHNICAL	POLKESMA Malang, Indonesia
	Seminar on Early Detection for Pre-Eclampsia	Nov. 2, 2022	Nov. 2, 2022	4	TECHNICAL	POLKESMA Malang, Indonesia
	IMCI: Case Management Approach	July 3, 2021	July 3, 2021	4	TECHNICAL	VSU-CON
	Mental Health Awareness Webinar	Jan. 7, 2021	Jan. 7, 2021	4	TECHNICAL	ACLCL, Tacloban City

(Continue on separate sheet if necessary)

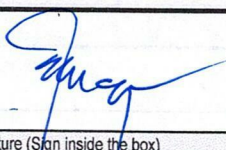
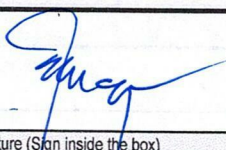
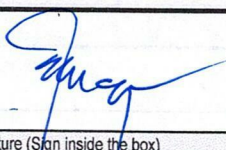






VIII. OTHER INFORMATION

31.	SPECIAL SKILLS and HOBBIES	32.	NON-ACADEMIC DISTINCTIONS / RECOGNITION (Write in full)	MEMBERSHIP IN ASSOCIATION/ORGANIZATION (Write in full)
	Computer Literate		Philippine Nurses Association - Outstanding Leadership Award	Philippine Nurses Association
				Maternal and Child Nurses Association of the Philippines, Inc.
				OperatingRoom Nurses Association of the Philippines, Inc.
				Carolnians Incorporated
				VSU FACULTY ASSOCIATION

(Continue on separate sheet if necessary)

SIGNATURE		DATE	FEBRUARY 15, 2025
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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 checked="" type="checkbox"/> YES <input type="checkbox"/> NO If YES, give details: <u>RESIGNATION/END OF TERM</u>												
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>Eunice P. Arbis</td><td>CARIGARA, LEYTE</td><td>9274045253</td></tr><tr><td>Doris S. Cadion</td><td>PALO, LEYTE</td><td>9464823884</td></tr><tr><td>Pio Julio Dela Cruz</td><td>TACLOBAN CITY</td><td>9172455031</td></tr></tbody></table>		NAME	ADDRESS	TEL. NO.	Eunice P. Arbis	CARIGARA, LEYTE	9274045253	Doris S. Cadion	PALO, LEYTE	9464823884	Pio Julio Dela Cruz	TACLOBAN CITY	9172455031
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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.													
<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: <u>0136071 PRC</u></td></tr><tr><td>ID/License/Passport No.: <u>0136071</u></td></tr><tr><td>Date/Place of Issuance: <u>Jan. 23, 1983</u></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: <u>0136071 PRC</u>	ID/License/Passport No.: <u>0136071</u>	Date/Place of Issuance: <u>Jan. 23, 1983</u>	<table><tr><td></td></tr><tr><td>Signature (Sign inside the box)</td></tr><tr><td>FEBRUARY 15, 2025</td></tr><tr><td>Date Accomplished</td></tr></table>		Signature (Sign inside the box)	FEBRUARY 15, 2025	Date Accomplished				
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	<table><tr><td></td></tr><tr><td>Right Thumbmark</td></tr></table>		Right Thumbmark										
													
Right Thumbmark													
SUBSCRIBED AND SWORN to before me this <u>04 JUN 2025</u> , affiant exhibiting his/her validly issued government ID as indicated above.													
<table><tr><td> ATTY. KAREN ABEDAIL S. MONTERON VSU Director, Legal Affairs and Services</td></tr><tr><td>Person Administering Oath</td></tr></table>		 ATTY. KAREN ABEDAIL S. MONTERON VSU Director, Legal Affairs and Services	Person Administering Oath										
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Person Administering Oath													



## WORK EXPERIENCE SHEET

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

2. The duration should include start and finish dates, if known, month in abbreviated form, if known, and year in full. For the current position, use the word Present, e.g., 1998-Present. Work experience should be listed from most recent first.

- Duration: Jan. 2020-Present
- Position: Assistant Professor II  
Dean
- Name of Office/Unit: Nursing
- Immediate Supervisor: VP for Academic Affairs, Dean of the Faculty of Nursing
- Name of Agency/Organization and Location: Visayas State University  
VISCA, Baybay City Leyte
- List of Accomplishments and Contributions (if any)
  1. Complied with the documents necessary for the ISO Certification in February 2020.
  2. Implemented the Flexible Learning strategies during COVID period.
  3. Forged MOAs for clinic/hospital and community affiliations.
  4. Prepared and complied all documents for AACUP Level III Re-Accreditation and COPC in 2022.
  5. Requested for the hiring of additional full-time and part-time Faculty members.
  6. Attended conventions, trainings and seminars conducted by accredited professional organizations (ADPCN, PNEA, PNA, ORNAP) and similar in-house undertakings in relation to instruction.
  7. Implemented teaching approaches and methods with adherence to the BSN Program.
  8. As course spearhead, revised syllabus and TOS every semester as necessary then submit to dDRC of the College.
  9. Submitted grades on time to the University Registrar via the Cumulus.
  10. Continued in the implementation of Extension Programs and Projects, and research of the college.
  11. Facilitated in the renewal of MOAs in other affiliating clinic/hospital and communities.
  12. Conducted online and face to face students and parents consultations.
- Summary of Actual Duties
- Duration: Jan. 2017-Dec. 2019
- Position: Instructor I  
Dean
- Name of Office/Unit: Nursing
- Immediate Supervisor: VP for Academic Affairs, Dean of the Faculty of Nursing
- Name of Agency/Organization and Location: Visayas State University  
VISCA, Baybay City Leyte



- List of Accomplishments and Contributions (if any)

1. Prepared and complied all the Higher Education Institutions (HEIs) requirements for the full implementation of the Revised OBE BSN Program in July of 2018.
2. Forged MOA with EVRMC as Base-hospital of VSU, a priority requirement in the opening of the Revised OBE BSN Program in 2018.
3. Facilitated in constructing the curriculum design necessary for the revised program.
4. Attended conventions, trainings and seminars conducted by accredited professional organizations (ADPCN, PNEA) in preparation for the implementation of the Revised OBE BSN Program in July 2018.
5. Requested for the hiring of additional full-time and part-time Faculty members in compliance with the requirements in all HEIs and CMO 15.
6. Prepared and complied documents, in all 10 Areas for AACCCUP Level II Re-Accreditation in 2018.
7. Prepared and complied documents required by CHED RO 08 evaluation in the implementation of the Revised OBE BSN Curriculum.
8. Attended in-house trainings and workshops in preparation and compliance of the first ISO Certification in February 2020.
9. Implemented teaching approaches and methods adherent to the BSN Program and the mission, vision and core values of the university and college.
10. Conducted students and parents consultations.

- Summary of Actual Duties

- Duration: Oct. 1994-Jan. 2017
- Position: Instructor IV  
Academic Coordinator
- Name of Office/Unit: Nursing
- Immediate Supervisor: Dean of the College of Nursing
- Name of Agency/Organization and Location: RTR Medical Foundation  
Tacloban City, Leyte

- List of Accomplishments and Contributions (if any)

1. Revised syllabi of courses handled.
2. Made schedules of classes.
3. Utilized appropriate teaching approaches for the subject handled.
4. Constructed test questions for short quizzes, long and term exams.
5. Supervised students in their clinic/hospital and community nursing practice.
6. Conducted in-house reviews for Fourth Year students in preparation of the PNLE.

  
JESUSA M. MAGNO

(Signature over Printed Name  
of Employee/Applicant)

Date: May 14, 2025