

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)	10/5/1990	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"/> Other/s:	17. RESIDENTIAL ADDRESS	
7. HEIGHT (m)	1.52 m		House/Block/Lot No. Street
8. WEIGHT (kg)	50 kg	ZIP CODE	Zone 4 Guadalupe
9. BLOOD TYPE	A		Subdivision/Village Barangay
10. GSIS ID NO.	2005283328		Baybay Leyte
11. PAG-IBIG ID NO.	1212-0273-2137		City/Municipality Province
12. PHILHEALTH NO.	13-025153683-0	18. PERMANENT ADDRESS	
13. SSS NO.	NA		House/Block/Lot No. Street
14. TIN NO.	464-146-857-000		Zone 4 Guadalupe
15. AGENCY EMPLOYEE NO.	V01051	19. TELEPHONE NO.	563-1218
		20. MOBILE NO.	0943 043 0911
		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	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	June 1, 1997	March 1, 2003	NA	2003	NA
SECONDARY	LEYTE STATE UNIVERSITY LABORATORY HIGH SCHOOL	NA	June 1, 2003	March 1, 2007	NA	2007	NA
VOCATIONAL / TRADE COURSE	NA	NA	NA	NA	NA	NA	NA
COLLEGE	CEBU DOCTORS' UNIVERSITY	BACHELOR OF SCIENCE IN NURSING	June 1, 2007	April 10, 2011	NA	2011	NA
GRADUATE STUDIES	CEBU DOCTORS' UNIVERSITY	MASTER OF SCIENCE IN NURSING	June 1, 2016	May 30, 2018	37 units	NA	NA

(Continue on separate sheet if necessary)

SIGNATURE		DATE	July 13, 2020
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[illegible]

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

[illegible]

SIGNATURE		DATE	July 13, 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

(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
Emergency Medical Technician - Basic Training Course	3/2/2020	Present	NA		Lifeline Ems Academy

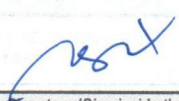
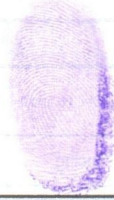
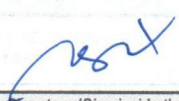
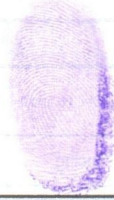
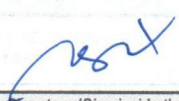
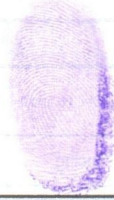
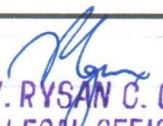
(Continue on separate sheet if necessary)

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	July 13,2020
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<p>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,</p> <p>a. within the third degree?</p> <p>b. within the fourth degree (for Local Government Unit - Career Employees)?</p>	<p><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>If YES, give details: _____</p>												
<p>35. a. Have you ever been found guilty of any administrative offense?</p> <p>b. Have you been criminally charged before any court?</p>	<p><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>If YES, give details: _____</p> <p><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>If YES, give details: _____</p> <p>Date Filed: _____</p> <p>Status of Case/s: _____</p>												
<p>36. Have you ever been convicted of any crime or violation of any law, decree, ordinance or regulation by any court or tribunal?</p>	<p><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>If YES, give details: _____</p>												
<p>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?</p>	<p><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>If YES, give details: _____</p>												
<p>38. a. Have you ever been a candidate in a national or local election held within the last year (except Barangay election)?</p> <p>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?</p>	<p><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>If YES, give details: _____</p> <p><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>If YES, give details: _____</p>												
<p>39. Have you acquired the status of an immigrant or permanent resident of another country?</p>	<p><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>If YES, give details (country): _____</p>												
<p>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:</p> <p>a. Are you a member of any indigenous group?</p> <p>b. Are you a person with disability?</p> <p>c. Are you a solo parent?</p>	<p><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>If YES, please specify: _____</p> <p><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>If YES, please specify ID No: _____</p> <p><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>If YES, please specify ID No: _____</p>												
<p>41. REFERENCES (Person not related by consanguinity or affinity to applicant /appointee)</p> <table border="1" style="width: 100%; border-collapse: collapse;"><thead><tr><th style="width: 33%;">NAME</th><th style="width: 33%;">ADDRESS</th><th style="width: 33%;">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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<p>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.</p>													
<table border="1" style="width: 100%; border-collapse: collapse;"><tr><td colspan="2">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:</td><td>0742927</td></tr><tr><td>ID/License/Passport No.:</td><td>PRC</td></tr><tr><td>Date/Place of Issuance:</td><td>12/18/2017 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.:	PRC	Date/Place of Issuance:	12/18/2017 Cebu City	<table border="1" style="width: 100%; border-collapse: collapse;"><tr><td style="text-align: center; height: 100px;"> Signature (Sign inside the box) July 13, 2020 Date Accomplished</td><td style="text-align: center; height: 100px;"> Right Thumbmark</td></tr></table>	 Signature (Sign inside the box) July 13, 2020 Date Accomplished	 Right Thumbmark		
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<p>SUBSCRIBED AND SWORN to before me this 28 AUG 2020, affiant exhibiting his/her validly issued government ID as indicated above.</p> <div style="border: 1px solid black; padding: 10px; margin: 10px auto; width: 80%; text-align: center;"> ATTY. RYSAN C. GUINOCOR VSU LEGAL OFFICER Person Administering Oath</div>													

