CS Form No. 212 Revised 2017			SO STAU				0103403-080-78	H MONFRE SE	3710 7
Kevised 2017	PER	SONAL	DATA	A SH	EET	asuranc.			
WARNING: Any misrepresenta	tion made in the Personal Data She	eet and the Work Exp	erience Sheet shall	cause the fi	iling of admir	nistrative/cr	iminal case/s ag	ainst the pers	son
concerned.	TO FILLING OUT THE PERSONAL								
	() use separate sheet if necessa					1. CS ID No.	meka shuangol	(Do not fill up. F	or CSC use only
I. PERSONAL INFORMATIO	OF THE RESIDENCE					1831/6310	News earliest earlie	estant de Sir	Deletina S
2. SURNAME	Papong						NAME EVENION / ID	CD) NIA	
FIRST NAME	Concepcion		NAME EXTENSION				NAME EXTENSION (JR.	(JR., SR) N/A	
MIDDLE NAME	MIDDLE NAME Apas								
3. DATE OF BIRTH (mm/dd/yyyy)	07/12/1975		ISHIP	✓ Filipino ☐ Dual Citizenship ☐ by birth ☐ by n			by naturaliz	zation	
4. PLACE OF BIRTH	Tudela, Cebu ☐ Male ☐ Female		If holder of dual citizens		ship, Pls. indicate country:			ountry:	
5. SEX			please indicate the det	stails.			_		
6 CIVIL STATUS	☐ Single ✓ N	larried 17. RESIDE	17. RESIDENTIAL ADDRESS		Block 2, Lot 3				
	Widowed S	eparated	Yalfiga Trainfinates		House/Block/Lot No. PQ Subdivision			Street Cogon	
		CALCOLO SERVICE			Subdivision/Village Baybay			Barangay Leyte	
7. HEIGHT (m)	5	Maryana and Van	1 (A) (A)		City/Municipality	7 153 N 9 N		Province	
8. WEIGHT (kg)	78 kgs.	ZIP CODE	7 178. I				6521		
9. BLOOD TYPE	AB+		18. PERMANENT ADDRESS		Block 2, Lot 3 House/Block/Lot No.			Street	
10. GSIS ID NO.	2006266706				PQ Subdivision Subdivision/Village			Cogon Barangay	
11. PAG-IBIG ID NO.	121016152839	Work City Collection	8,003	Baybay			Dealer	Leyte	
12. PHILHEALTH NO.	020505395582	ZIP CODE	8 OIC, 6	City/Municipality 6521		at icolallo	Province		<u> 2102199/2</u>
with the second	APT 55.00 5	PANAL O ANNA	(15/6)		981BM	1001130		E I USSIEULI U	170210911
13. SSS NO.	0619859176	19. TELEPI	HONE NO.	NA			OGG/NES:B		
14. TIN NO.	286067912	20. MOBILE	E NO.	09359320276					
15. AGENCY EMPLOYEE NO.	V02082	21. E-MAIL	ADDRESS (if any)	cpapor	ng55@gm	ail.com/p	apong.conce	pcion@vsi	u.edu.ph
II. FAMILY BACKGROUND									
22. SPOUSE'S SURNAME	Papong			23. NAME of CHILDREN (Write full name and list all) DAT		DATE OF BIR	ATE OF BIRTH (mm/dd/yyyy)		
FIRST NAME	Joergen	NAME EXTE	NSION (JR., SR)	Jeoff Apas Papong 05/01			1/2005		
MIDDLE NAME	DLE NAME Pablo								
OCCUPATION	OFW / Chief Enginer								
EMPLOYER/BUSINESS NAME	Manila Ocean Crew Management								
BUSINESS ADDRESS	Pasay City, Manila								
TELEPHONE NO.	NA								
24. FATHER'S SURNAME	Apas								
FIRST NAME	Leonardo	NAME EXTE	NSION (JR., SR)						
MIDDLE NAME	Solante								
25. MOTHER'S MAIDEN NAME									
SURNAME	Concoles								
FIRST NAME	Zenaida								
MIDDLE NAME	Lanugan		(Continue on separate sheet if necessary)						
III. EDUCATIONAL BACK	ROUND								
26. LEVEL	NAME OF SCHOOL (Write in full)	BASI	C EDUCATION/DEGRE (Write in full)	E/COURSE	PERIOD OF A	ATTENDANCE To	HIGHEST LEVEL/ UNITS EARNED (if not graduated)	YEAR GRADUATED	SCHOLARSHIP ACADEMIC HONORS RECEIVED
ELEMENTARY	Calmante Elementary S	School	Primary		05/06/1983	03/19/1989	NA	3/20/1989	with honor
SECONDARY	University of the Visa		Secondary			3/21/1993	NA NA	02/04/1990	with honor
VOCATIONAL / TRADE COURSE	NA		NA		NA	NA	NA	NA	NA
COLLEGE	University of the Visay	/as	Tertiary		05/06/1995	03/20/2000	NA	3/20/2000	NA
						1			

SIGNATURE

April 11, 2024

DATE

7. CARE	ER SERVICE/ RA 10	080 (BOARD/ BAR) UNDER		DATE OF				LICENSE (if a	applicable)
SPECIAL LAWS/ CES/ CSEE BARANGAY ELIGIBILITY / DRIVER'S LICENSE RATING (If Applicable)			EXAMINATION / CONFERMENT	TION / CONFE	RMENT	NUMBER	Date of Validity		
	e to q e då sed Egra e		nsethat ling of a	e tieda word apacego	Nets Prest and the Work C	latini Tor	ff of above mark	race a remi es	validity
Philippine Nurse Licensure Examination NA Philippine Midwife Licensure Examination NA			02/12/2000	Metro Manila			0339705	07/12/202	
			05/11/2018				0177667	12/072025	
							Acrosporos Acra	311	
WORK	EXPERIENCE		(Co	ntinue on separate sheet i	necessary)	O striggt	AUAT 1		3 SEAS
nclude priv	/ate employmen	t. Start from your recent	work) Description	of duties should be	ndicated in the attached	Work Expe	Market Committee of the		
(n	USIVE DATES nm/dd/yyyy)	POSITION TO (Write in full/Do not			NCY / OFFICE / COMPANY Do not abbreviate)	MONTHLY SALARY	SALARY/ JOB/ PAY GRADE (if applicable)& STEP (Format *00-0*)/	STATUS OF APPOINTMENT	GOV'T SERVICE (Y/N)
From	То	Clinical Inst		VCLLCall	and of Number	20405.00	INCREMENT		
2/02/2022	present	Clinical Instr	12. 3 - 418	93 190 14 14 14 15 15	ege of Nursing Medical Cente	29165.00	12 NA	temporary	N
7/15/2021	05/01/2022	Dean of the College	Pwisdy2 39		bay City, Leyte	16000.00 26000.00	NA NA	Full Time Full Time	N
2/06/2013	05/06/2015	Clinical Inst	150	-		8000.00	NA NA	Full Time	N
1/06/2011	01/06/2013	School Nu	tCro	FCIC, Baybay City, Leyte FCIC, Baybay City, Leyte		6000.00	NA NA	Full Time	N
8/14/2008	02/27/20010	Medical Proced		CIA GLICIAGO	Medical Services	11000.00	NA	Full Time	N
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		95.1	(C	ontinue on separate sheet	if necessary)				
SIG	NATURE		. 2		DATE		/	04/11/2024	And American

NAME & ADDRESS OF ORGANIZATION (Write in full)		(11111111111111111111111111111111111111		UMBER OF HOURS	POSITION / NATURE OF WORK		
			To	4	volunteer nurse	a within the fourth degree (for Local t	
F Assistance Community Center - FCIC Bonzel, Baybay City			05/31/2021				
er of Franciscan Secular Religious Organiza				volunteer for co	mmunity assistance		
A DATE	SPV [7]			vs oftense?	any soministra	a. Have you ever been found guilty of	
	If YES, give detail						
C91	(2)				nboc yns eroled	b. Have you been criminally charged in	
	li YES, y ve delail						
	post elsú						
ntinue on separate sheet if necessary) LEARNING AND DEVELOPMENT (L&D) IN	TERVENTIONS/TRAINING PROG	RAMS ATTENDI	ED			grand belowing 1990 on a play office	
real trom the most recent L&D/training pro	gram and include only the relev	ant L&D/traini	ng taken for th	e last five (5	years for Division Type of LD	on Chief/Executive/Managerial positions)	
TITLE OF LEARNING AND DEVELOPMEN		INCLUSIVE DATES OF ATTENDANCE		NUMBER OF	F (Managerial/	CONDUCTED/ SPONSORED BY	
PROGRAMS (Write in	full)	(mm/dd/yyy	у) Тто	HOURS	Supervisory/ Technical/etc)	(Write in full)	
minar on: Continuing Professional Develo	pment Framework for Quality	01/13/2020	01/13/2020	8.0	Supervisory	In the public or progressed sector 809 ANP	
surance Program for Filipino Nurses	the total	03/10/2019		8.0	CDRRMO	Baybay City, Leyte	
sic First Aid / Life Support EAD Operation th Post Graduate Course in Internal Media	cine with theme: A Closer Look	12/17/2017	-	8.0	Supervisory	Philippine College of Physicians, Eastern	
to the Phillipne Clinical Guidelines for Fili	pino Patients.	de anno de la cine	01/04/2020	out out out	Supervisory	Visayas meyop ert mod ber given uoy evsH. d	
Health Services NC 11 Virtual Medical Forum on "Smoking Ceasation and Its Impact on			04/29/2020	Hebrien Inno	Supervisory	TESDA Circ. Madical Society	
rdiovascular Health	11/03/2020	edinos to tr	Minister Trians	Supervisory	Ormoc City Medical Society		
/irtual PNA Convention with theme: 'KAYA" Knowledgeable, Adaptable, /earns & Active			-		-	PNA	
urse's Role Amidst Covid 19 Pandemic	04/04/202		O	Supervisory	PNA Zambales Chapter		
nline Professional Development Webinar exible Learning Course Outcome & Teach	07/27/202	0 07/27/2020	8.0	Supervisory	Rex Academy		
irtual Lecture on Covid 19 Vaccines	02/19/202	0 02/19/202	0.8	Supervisory	FCIC Health Services Department		
eminar Workshop on Test Construction	09/27/201	9 09/27/201	9 8.0	Supervisory	FCIC College Department		
AD Orientation of Employees on Establishing Policies and Guidelines on		06/28/201	9 06/28/201	9 8.0	Supervisory	GAD	
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(Continue on separate sheet if necessary)	No self-property						
VIII. OTHER INFORMATION 31. SPECIAL SKILLS and HOBBIES	NON-ACADEMIC DISTI	NCTIONS / REC	OGNITION	e Messey	9 SIL 18 605	33. ASSOCIATION/ORGANIZATION (Write in full)	
Acting		o Foundation V	olunteer Nurse	e for minor su	urgery	Philippine Nurse's Association Integrated Midwife's Association	
Dancing		1. ~			9008	Philippines	
Dancing		Trail !				Dad Clinoniss and	
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	AND AND THE PROPERTY OF THE PR	Continue on sep	arate sheet if	necessary)		04/11/2024	

34.	Are you related by consanguinity or affinity to the appointing or re	ecommending authority, or to the				
	chief of bureau or office or to the person who has immediate sup					
	Bureau or Department where you will be apppointed,	Teatran Resource				
	a. within the third degree?	ird degree?				
	b. within the fourth degree (for Local Government Unit - Career E	Employees)?	YES / NO			
			If YES, give details:			
			Secular Religious Urganization - FER. Baybox C	maganeri to 1991b		
35	a. Have you ever been found guilty of any administrative offense	?	☐ YES ✓ NO			
001			If YES, give details:			
		to the same and th				
	b. Have you been criminally charged before any court?		YES / NO			
			If YES, give details:			
			Date Filed:Status of Case/s:			
	Commission of the Commission o	en afgestelle 19 septimier von 19. 1900 op seigen in de harroure states fan de teatre artiste som fall	Status of Case/s.			
36.	Have you ever been convicted of any crime or violation of any la	w, decree, ordinance or regulation by	YES VO			
	any court or tribunal?	and the second s	If YES, give details:			
		an Edwardstyn Dalles	NAME OF STREET OF STREET AND STREET OF STREET	SO THE OF SAC		
37.	Have you ever been separated from the service in any of the followers	owing modes: resignation, retirement,	✓ YES NO	THE WAS DRY		
	dropped from the rolls, dismissal, termination, end of term, finish	ed contract or phased out (abolition)	If YES, give details:			
	in the public or private sector?	CANACTEL GAUSSICATO	personal			
38.		ever been a candidate in a national or local election held within the last year (except				
	Barangay election)?	ectook 12/11/2017 12/11/21	If YES, give details:	Lish Post Chadugis		
	b. Have you resigned from the government service during the th	ree (3)-month period before the last	YES NO			
	election to promote/actively campaign for a national or local can		If YES, give details:	The second level in		
39.	Have you acquired the status of an immigrant or permanent resi	acquired the status of an immigrant or permanent resident of another country?				
00,	Est y celescope 0.8	11102/10/11 11/03/10/11	☐ YES ☐ NO If YES, give details (country):			
			un-shas S t I havo 3 s			
40.	Pursuant to: (a) Indigenous People's Act (RA 8371); (b) Magna		of the metric consist backlong receipted the consistence of	Long to an Assert and Tark		
70.	7277); and (c) Solo Parents Welfare Act of 2000 (RA 8972), ple		na se Curcoso la l'esching strategins îm slamo			
a.	Are you a member of any indigenous group?		VES VINO			
	hrápithagad ag vido 2004 i videosada de 8		If YES, please specify: NO Section 1997			
b.	Are you a person with disability?		YES NO	ta referencial cal		
-			If YES, please specify ID No:	CAO		
C.	Are you a solo parent?		☐ YES ☑ NO			
		The state of the s	If YES, please specify ID No:			
41.	REFERENCES (Person not related by consanguinity or affinity to applicant /app	ointee)				
	NAME	ADDRESS	TEL. NO.			
	Amelita Barras Bat CD Country					
	Amelito Borneo - Ret. SP Secretary	LGU Baybay City, Leyte	9365483634	1		
	Deogracias E. Pernitez - Ret. City Administrator	LGU Baybay City, Leyte	9263157575			
Total Control	Viky Gonzaga Ed.D - Dean of Graduate School	FCIC Baybay, City, Leyte	09773878170	A		
42						
	complete statement pursuant to the provisions of pertinent	laws, rules and regulations of the	Republic of the			
	Philippines. I authorize the agency head/authorized representa	tive to verify/validate the contents state	ed herein.	4/0		
	agree that any misrepresentation made in this document	nt and its attachments shall caus	e the filing of	REPCION A.		
	administrative/criminal case/s against me.		(Media strong) (Media in final)	31. SPECIAL SIGL		
1	Sovernment Issued ID (i.e.Passport, GSIS, SSS, PRC, Driver's License, etc.)		online			
F	PLEASE INDICATE ID Number and Date of Issuance					
	overnment Issued ID: PRC					
	D/License/Passport No.: 0339705	Signature (Sign inside the b	ox)			
	ate/Place of Issuance: 03/01/2001 / Metro Manila	Right Thur	nhmark			
-		Date Accomplished	ragili mur	IIIVIIGIN		
H	SUBSCRIBED AND SWORN to before me this	Y 2024 , affiant exhibiti	ng his/her validly issued government ID as indicate	ed above.		
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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: Present
- · Position: Clinical Instructor
- Name of Office/Unit: College of Nursing
- Immediate Supervisor: Prose Ivy G. Yepes Ed.D
- Name of Agency/Organization and location: Visayas State University, Baybay City, Leyte
- List of accomplishments and Contribution:
- Healthcare Services NC 11
- Trained First Aid Rescuer
- Duration: June 2, 2015 May 30, 2021
- · Position: Dean , College of Midwifery
- · Name of Office/Unit: Paramedical Department
- Immediate Supervisor: Sister M. Maribel Piangco, OSF
- Name of Agency/Organization and Location: Franciscan College of the Immaculate Conception, Baybay City, Leyte
 - List of Accomplishments and Contributions (if any)
 Health Care Services NC 11
 Trained First Aid Rescuer
 - Summary of Actual Duties Administrative duties
- Duration: June 5, 2013 2015
- Position: Clinical Instructor
- Name of Office/Unit: Paramedical Department
- Immediate Supervisor: Sister M. Maribel Piangco, OSF
- Name of Agency/Organization and Location: Franciscan College of the Immaculate Conception, Baybay City, Leyte
 - List of Accomplishments and Contributions (if any)
 Health Care Services NC 11
 Trained First Aid Rescuer
 - Summary of Actual Duties Classroom and Clinical Instructor Club Moderator
- Duration: June 2, 2011 May 30, 2013
- Position: School Nurse
- Name of Office/Unit: Health Services Department
 Immediate Supervisor: Sister M. Maribel Piangco, OSF
- Name of Agency/Organization and Location: Franciscan College of the Immaculate Conception, Baybay City, Leyte
 - List of Accomplishments and Contributions (if any)
 Trained First Aid Rescuer
 - Summary of Actual Duties
 Responsible for the maintenance of a quality healthcare for the school population.
- Duration: 7/3/2008 4/15/2010
- Position: Assessment Nurse
- Name of Office/Unit: Medical Procedure Department
- Immediate Supervisor: Dr. Pasqualito Gutay

- Name of Agency/Organization and Location: Super Care Medical Services, Cebu City
 - List of Accomplishments and Contributions (if any)
 Trained ECG and Audiometry Technician
 - Summary of Actual Duties Medical procedure nurse
- Duration: 8/3/2005 3/30/2008
- Position: Staff Nurse
- Name of Office/Unit: Medical Procedure Department
- Immediate Supervisor: Dr. Reynaldo Salinel
- Name of Agency/Organization and Location: St. Magdalene Medical Clinic
 - List of Accomplishments and Contributions (if any)
 Trained ECG, 2D-Echo and Stress Test Technician
 - Summary of Actual Duties Medical procedure nurse

Concepcion A. Papong

(Signature over Printed Name of Employee/Applicant)

Date: 4. 15 - 24