

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 ( ) ( ) 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	Papong		
FIRST NAME	Concepcion	NAME EXTENSION (JR., SR) N/A	
MIDDLE NAME	Apas		
3. DATE OF BIRTH (mm/dd/yyyy)	07/12/1975	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	Tudela, Cebu	If holder of dual citizenship, please indicate the details.	
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"/> Other/s:	17. RESIDENTIAL ADDRESS	Block 2, Lot 3 House/Block/Lot No. Street PQ Subdivision Cogon Subdivision/Village Barangay Baybay Leyte City/Municipality Province
7. HEIGHT (m)	5	ZIP CODE	6521
8. WEIGHT (kg)	78 kgs.		
9. BLOOD TYPE	AB+	18. PERMANENT ADDRESS	Block 2, Lot 3 House/Block/Lot No. Street PQ Subdivision Cogon Subdivision/Village Barangay Baybay Leyte City/Municipality Province
10. GSIS ID NO.	2006266706	ZIP CODE	6521
11. PAG-IBIG ID NO.	121016152839		
12. PHILHEALTH NO.	020505395582	19. TELEPHONE NO.	NA
13. SSS NO.	0619859176	20. MOBILE NO.	09359320276
14. TIN NO.	286067912	21. E-MAIL ADDRESS (if any)	cpapong55@gmail.com/papong.concepcion@vsu.edu.ph
15. AGENCY EMPLOYEE NO.	V02082		

II. FAMILY BACKGROUND

22. SPOUSE'S SURNAME	Papong		23. NAME OF CHILDREN (Write full name and list all)	DATE OF BIRTH (mm/dd/yyyy)
FIRST NAME	Joergen	NAME EXTENSION (JR., SR)	Jeoff Apas Papong	05/01/2005
MIDDLE NAME	Pablo			
OCCUPATION	OFW / Chief Engineer			
EMPLOYER/BUSINESS NAME	Manila Ocean Crew Management			
BUSINESS ADDRESS	Pasay City, Manila			
TELEPHONE NO.	NA			
24. FATHER'S SURNAME	Apas			
FIRST NAME	Leonardo	NAME EXTENSION (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 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	Calmante Elementary School	Primary	05/06/1983	03/19/1989	NA	3/20/1989	with honor
SECONDARY	University of the Visayas	Secondary	08/06/1989	3/21/1993	NA	02/04/1990	with honor
VOCATIONAL / TRADE COURSE	NA	NA	NA	NA	NA	NA	NA
COLLEGE	University of the Visayas	Tertiary	05/06/1995	03/20/2000	NA	3/20/2000	NA
GRADUATE STUDIES	University of San Carlos	Graduate Studies	08/06/2012	03/21/2013	NA	3/21/2013	NA

(Continue on separate sheet if necessary)

SIGNATURE		DATE	April 11, 2024
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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
	<b>Philippine Nurse Licensure Examination</b>	<b>NA</b>	<b>02/12/2000</b>	<b>Metro Manila</b>	<b>0339705</b>	<b>07/12/2025</b>
	<b>Philippine Midwife Licensure Examination</b>	<b>NA</b>	<b>05/11/2018</b>	<b>Metro Manila</b>	<b>0177667</b>	<b>12/072025</b>

(Continue on separate sheet if necessary)

(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)

04/11/2024



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			
OSF Assistance Community Center - FCIC Bonzel, Baybay City	0601/2012	05/31/2021	24 per year	volunteer nurse	
Order of Franciscan Secular Religious Organization - FCIC Baybay City				volunteer for community assistance	
(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			
Seminar on: Continuing Professional Development Framework for Quality Assurance Program for Filipino Nurses	01/13/2020	01/13/2020	8.0	Supervisory	PNA RO8
Basic First Aid / Life Support EAD Operation	03/10/2019	03/10/2019	8.0	CDRRMO	Baybay City, Leyte
11th Post Graduate Course in Internal Medicine with theme: A Closer Look Into the Phillipne Clinical Guidelines for Filipino Patients.	12/17/2017	12/17/2017	8.0	Supervisory	Philippine College of Physicians, Eastern Visayas
Health Services NC 11	01/04/2020	01/04/2020	8.0	Supervisory	TESDA
Virtual Medical Forum on "Smoking Ceasation and Its Impact on Cardiovascular Health	04/29/2020	04/29/2020	4.0	Supervisory	Ormoc City Medical Society
Virtual PNA Convention with theme: 'KAYA' Knowledgeable, Adaptable, Yearns & Active	11/03/2021	11/03/2021	8.0	Supervisory	PNA
Nurse's Role Amidst Covid 19 Pandemic	04/04/2021	04/19/2021	8.0	Supervisory	PNA Zambales Chapter
Online Professional Development Webinar entitled Preparing HEIs for Flexible Learning Course Outcome & Teaching Strategies for Remote and	07/27/2020	07/27/2020	8.0	Supervisory	Rex Academy
Virtual Lecture on Covid 19 Vaccines	02/19/2020	02/19/2020	8.0	Supervisory	FCIC Health Services Department
Seminar Workshop on Test Construction	09/27/2019	09/27/2019	8.0	Supervisory	FCIC College Department
GAD Orientation of Employees on Establishing Policies and Guidelines on GAD	06/28/2019	06/28/2019	8.0	Supervisory	GAD
(Continue on separate sheet if necessary)					
VIII. OTHER INFORMATION			MEMBERSHIP IN		
31. SPECIAL SKILLS and HOBBIES	32. NON-ACADEMIC DISTINCTIONS / RECOGNITION (Write in full)		33. ASSOCIATION/ORGANIZATION (Write in full)		
Acting	Handog Puso Foundation Volunteer Nurse for minor surgery		Philippine Nurse's Association		
Dancing			Integrated Midwife's Association of the Philippines		
(Continue on separate sheet if necessary)					
SIGNATURE				DATE	04/11/2024




<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>_____</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>_____</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>_____</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 checked="" type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>If YES, give details:</p> <p><u>personal</u></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>_____</p> <p><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>If YES, give details:</p> <p>_____</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>_____</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>

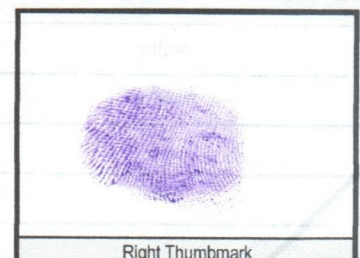
NAME	ADDRESS	TEL. NO.
<b>Amelito Borneo - Ret. SP Secretary</b>	<b>LGU Baybay City, Leyte</b>	<b>9365483634</b>
<b>Deogracias E. Pernitez - Ret. City Administrator</b>	<b>LGU Baybay City, Leyte</b>	<b>9263157575</b>
<b>Viky Gonzaga Ed.D - Dean of Graduate School</b>	<b>FCIC Baybay, City, Leyte</b>	<b>09773878170</b>

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.


Government Issued ID (i.e. Passport, GSIS, SSS, PRC, Driver's License, etc.)	
PLEASE INDICATE ID Number and Date of Issuance	
Government Issued ID:	PRC
ID/License/Passport No.:	0339705
Date/Place of Issuance:	03/01/2001 / Metro Manila

  
Signature (Sign inside the box)

04/11/2024  
Date Accomplished



SUBSCRIBED AND SWORN to before me this 02 MAY 2024, affiant exhibiting his/her validly issued government ID as indicated above.

  
 ATTY. RYAN C. GUINOCOR  
 VSU Chief Legal Officer  
 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: 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: 9.15-24