

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	TOLIBAS		
FIRST NAME	MICHELLE	NAME EXTENSION (JR., SR)	
MIDDLE NAME	CALDA		
3. DATE OF BIRTH (mm/dd/yyyy)	04/02/1977	16. CITIZENSHIP	<input checked="" type="checkbox"/> Filipino <input type="checkbox"/> Dual Citizenship <input checked="" type="checkbox"/> by birth <input type="checkbox"/> by naturalization Pls. indicate country:
4. PLACE OF BIRTH	Cagamutan, Gamay N. Samar	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"/> Separated <input type="checkbox"/> Other/s:	17. RESIDENTIAL ADDRESS	DUPLEX E-2 House/Block/Lot No. Street VISAYAS STATE UNIVERSITY VISCA Subdivision/Village Barangay BAYBAY CITY, LEYTE City/Municipality Province
7. HEIGHT (m)	1.50 M	ZIP CODE	6521-A
8. WEIGHT (kg)	51 kg		
9. BLOOD TYPE	"A"	18. PERMANENT ADDRESS	SAN ROQUE ST., House/Block/Lot No. Street CAGAMUTAN DEL SUR Subdivision/Village Barangay GAMAY, N. SAMAR City/Municipality Province
10. GSIS ID NO	77040200404 / B7742MAC028	ZIP CODE	6422
11. PAG-IBIG ID NO.	121048052134		
12. PHILHEALTH NO.	13-000044834-7		
13. SSS NO.	3347441523	19. TELEPHONE NO.	563-9591
14. TIN NO.	913-183-670	20. MOBILE NO.	09369393634
15. AGENCY EMPLOYEE NO.	V000513	21. E-MAIL ADDRESS (if any)	michzcald@yaho.com

II. FAMILY BACKGROUND

22. SPOUSE'S SURNAME	TOLIBAS		23. NAME of CHILDREN (Write full name and list all)	DATE OF BIRTH (mm/dd/yyyy)
FIRST NAME	RUEL ELESITO	NAME EXTENSION (JR., SR)	KLINT ZCHYSTER DWAYNE C. TOLIBAS	01/19/2007
MIDDLE NAME	CUMPIO		QWYN QNCHY LHYNN C. TOLIBAS	10/14/2011
OCCUPATION	OVERSEAS FILIPINO WORKER			
EMPLOYER/BUSINESS NAME				
BUSINESS ADDRESS				
TELEPHONE NO.				
24. FATHER'S SURNAME	CALDA			
FIRST NAME	FLORENCIO SR.	NAME EXTENSION (JR., SR)		
MIDDLE NAME	BALENA			
25. MOTHER'S MAIDEN NAME				
SURNAME	ACAL			
FIRST NAME	CONCEPCION			
MIDDLE NAME	NECESITO			

(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	CAGAMUTAN ELEMENTARY SCHOOL	PRIMARY EDUCATION	1983	1989		1989	3rd honors
SECONDARY	GALA VOCATIONCAL SCHOOL	HIGH SCHOOL	1989	1993		1993	8th honors
COLLEGE	COLEGIO DE SAN LORENZO RUIZ DE MANILA, INC.	BACHELOR OF SCIENCE IN NURSING	1993	1997		1997	
GRADUATE STUDIES	UNIVERSITY OF EASTERN PHILIPPINES	MASTER OF ARTS IN NURSING	2006	2010		2010	BEST THESIS & BEST THESIS PRESENTER
GRADUATE STUDIES	CEBU NORMAL UNIVERSITY	DOCTOR OF SCIENCE IN NURSING	2012	2014	CAR		
GRADUATE STUDIES	ST. PAUL UNIVERSITY PHILIPPINES	Ph. D in NURSING	2016	PRESENT	ONGOING		

(Continue on separate sheet if necessary)

SIGNATURE		DATE	JULY 7, 2019
-----------	---	------	--------------



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
PHILIPPINE NURSES LICENSURE EXAMINATION (PNLE)	79.80%	Nov. 29-30, 1998	MANILA, PHILIPPINES	0326477	04/02/2020
MIDWIFERY LICENSURE EXAMINATION	86.70%	Nov. 15-16, 2008	TACLOBAN CITY, PHILIPPINES	0147033	04/02/2020

(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.

28. INCLUSIVE DATES (mm/dd/yyyy)		POSITION TITLE (Write in full/Do not abbreviate)	DEPARTMENT / AGENCY / OFFICE / COMPANY (Write in full/Do not abbreviate)	MONTHLY SALARY	SALARY/ JOB/ PAY GRADE (if applicable)& STEP (Format "00-0")/ INCREMENT	STATUS OF APPOINTMENT	GOVT SERVICE (Y/ N)
From	To						
01/01/2019	PRESENT	ASSISTANT PROFESSOR III	VISAYAS STATE UNIVERISTY	P 36,942.00	17-1	Permamnet	Yes
01/01/2018	PRESENT	ASSISTANT PROFESSOR III	VISAYAS STATEUNIVESITY	P 34,781.00	17-1	Permanent	yes
01/01/2017	PRESENT	ASSISTANT PROFESSOR III	VISAYAS STATE UNIVERSITY	P 32,747.00	17-1	Permanent	Yes
08/01/2016	12/31/2016	INSTRUCTOR III	VISAYAS STATE UNIVERSITY	P 24,141.00	14-1	Permanent	Yes
01/01/2015	07/31/2016	INSTRUCTOR III	VISAYAS STATE UNIVERSITY	P 24,141.00	14-1	Temporary	Yes
11/01/2012	12/31/2014	INSTRUCTOR I	VISAYAS STATE UNIVERSITY	P 19,940.00	12-1	Temporary	Yes
06/15/2010	10/31/2012	INSTRUCTOR I	VISAYAS STATE UNIVERSITY	P 19,940.00	12-1	Renewal	Yes
02/15/2007	06/14/2010	CLINICAL INSTRUCTOR	COLEGIO DE SAN LORENZO RUIZ DE MANILA, INC.	P 16,346.00		Contractual	No
07/21/2005	09/08/2006	REGISTERED NURSE	KING FAHD ARMED FORCES HOSPITAL	SR 2200		Contractual	Yes
07/07/2001	06/16/2005	NURSE I	NORTHERN SAMAR PROVINCIAL HOSPITAL	P 9,466.00		Permanent	Yes
04/11/2005	06/30/2005	CLINICAL INSTRUCTOR	EASTERN VISAYAS CENTRAL COLLEGES	100/hr		Part time	No
04/30/2003	11/30/2003	CLINICAL INSTRUCTOR	COLEGIO DE SAN LORENZO RUIZ DE MANILA, INC.	120/hr		Part time	No
02/01/2000	07/06/2001	STAFF NURSE	GAMAY DISTRICT HOSPITAL	P 6,000.00		Contractual	Yes
02/01/2000	03/31/2001	PROGRAM COORDINATOR	MEDECINS DU MONDE	P 6,000.00		Contractual	No
12/ /1992	05/ /1996	SANGUNIANG KABATAAN (SK CHAIRMAN)	LOCAL GOVERNMENT UNIT			Elected	Yes

(Continue on separate sheet if necessary)

SIGNATURE



DATE

JULY 7, 2019



**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		
	KABALIKAT CIVICOM	01/27/2017	PRESENT		MEMBER

(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)

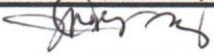
30.	TITLE OF LEARNING AND DEVELOPMENT INTERVENTIONS/TRAINING PROGRAMS (Write in full)	INCLUSIVE DATES OF ATTENDANCE (mm/dd/yyyy)		NUMBER OF HOURS	Type of LD ( Managerial/ Supervisory/ Technical/etc)	CONDUCTED/ SPONSORED BY (Write in full)
		From	To			
	4th International Health Congress	12/06/2018	12/08/2018	24		St. Paul University Philippines, Tuguegarao, Cagayan
	3rd International Health Congress	12/02/2016	12/03/2016	16		St. Paul University Philippines, Tuguegarao, Cagayan
	Philippine Nurses Association 31st Regional Convention	06/15/2015	06/16/2015	16		Philippine Nurses Association, Northern Samar Chapter
	Seminar-workshop on Outcome-Based Education (OBE) Approach in Designing Curriculum	05/07/2015	05/09/2015	24		Association of Deans of Philippine Colleges of Nursing, Inc. Region III
	Seminar-Workshop on the Implementation of Outcome-Based Education (OBE)	05/04/2015	05/05/2015	16		Visayas State University, Visca, Baybay City, Leyte
	Training-workshop on Writing and Reviewing Research Papers for Peer-Reviewed Publications	11/17/2014	11/21/2014	40		Visayas State University, Visca, Baybay City, Leyte
	Pain Management in Cancer	09/20/2014		8		Association of Nursing Service Administrators in the Philippines, Leyte & Samar Chapter
	Workshop on "Writing for Publication"	05/17/2014	05/18/2014	16		Philippine Nurses Association – National Chapter & Philippine Nursing Research Society, Inc.
	Writing Scientific Paper and Publishing in International Refereed Journal	05/14/2014		4		Visayas State University, Visca, Baybay City, Leyte
	Preparing for Training and Facilitating	04/11/2014	04/12/2014	16		Visayas State University, Visca, Baybay City, Leyte
	Workshop on Designing Research in Nursing and Education	03/10/2014		8		Visayas State University, Visca, Baybay City, Leyte
	Workshop on Instructional Materials Development for the Visayas State University	02/25/2014	02/26/2014	16		Visayas State University, Visca, Baybay City, Leyte
	6th Taiwan-Philippines International Academic Communication Conference	02/08/2014		8		Alethea University, Cebu Normal University & San Carlos University
	6th National Nursing Research Conference	11/29/2013	11/30/2013	16		Philippine Nursing Research Society, Inc.
	Understanding Mixed Method Research	11/28/2013		4		Philippine Nursing Research Society, Inc.
	Understanding Phenomenology	11/28/2013		4		Philippine Nursing Research Society, Inc.
	Seminar on the Senior High School Program	10/11/2013		8		Visayas State University, Visca, Baybay City, Leyte
	7th Founding Anniversary, 7th Convention and Suturing of Perineal Lacerations Update	09/27/2013		8		Maternal and Child Nursing Association of the Philippines, Leyte Chapter
	Training on Preparing Fundable Extension Project Proposals	08/28/2013	08/30/2013	24		Visayas State University, Visca, Baybay City, Leyte
	Promoting Healthy Mind, Body and Spirit	08/08/2013	08/09/2013	16		Gerontology Nurses Association of the Philippines
	Research Methodology and Computer Application in Data Analysis	05/06/2013	05/11/2013	48		Cebu Normal University, College of Nursing

(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)
					RENAP
					PNBO
					PSTCN
					CCNAPI
					UNONAP

(Continue on separate sheet if necessary)

SIGNATURE		DATE	JULY 7, 2019
-----------	---	------	--------------



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: _____
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)		
NAME	ADDRESS	TEL. NO.
RAZA CRECIA L. MENSES, RN, MAN	Visayas State Univeristy - College of Nuring, Visca, Baybay Leyte	563-7226
JANET ALEXIS A. DE LOS SANTOS, RN, MAN	Visayas State Univeristy - College of Nuring, Visca, Baybay Leyte	563-7226
JESUSA MAGNO, RN, MAN	Visayas State Univeristy - College of Nuring, Visca, Baybay Leyte	563-7226

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: PNC-1D
ID/License/Passport No.: 0326477
Date/Place of Issuance: 1/26/1999 - PNC MANILA

Signature (Sign inside the box)
JULY 7, 2019
Date Accomplished



SUBSCRIBED AND SWORN to before me this 12 JUL 2019, affiant exhibiting his/her validly issued government ID as indicated above.

ATTY RYSZARD C. GUINOCOR
Person Administering Oath