

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	FAELNAR		
FIRST NAME	LADY MAY		NAME EXTENSION (JR., SR) NA
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"/> Separated <input type="checkbox"/> Other/s:	17. RESIDENTIAL ADDRESS	House/Block/Lot No. Street Zone 4 Guadalupe Subdivision/Village Barangay Baybay Leyte City/Municipality Province
7. HEIGHT (m)	1.52 m	ZIP CODE	6521
8. WEIGHT (kg)	50 kg	18. PERMANENT ADDRESS	House/Block/Lot No. Street Zone 4 Guadalupe Subdivision/Village Barangay Baybay Leyte City/Municipality Province
9. BLOOD TYPE	A	ZIP CODE	6521
10. GSIS ID NO.	2005283328	19. TELEPHONE NO.	563-1218
11. PAG-IBIG ID NO.	1212-0273-2137	20. MOBILE NO.	0943 043 0911
12. PHILHEALTH NO.	13-025153683-0	21. E-MAIL ADDRESS (if any)	ladymay132000@yahoo.com
13. SSS NO.	NA		
14. TIN NO.	464-146-857-000		
15. AGENCY EMPLOYEE NO.	V01051		

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	PRIMARY EDUCATION	June 1, 1997	March 1, 2003	NA	2003	NA
SECONDARY	LEYTE STATE UNIVERSITY LABORATORY HIGH SCHOOL	SECONDARY EDUCATION	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	June 30, 2019	37 units	NA	NA

(Continue on separate sheet if necessary)

SIGNATURE		DATE	June 16, 2022
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#### IV. CIVIL SERVICE ELIGIBILITY


[illegible]

(Continue on separate sheet if necessary)

### V. WORK EXPERIENCE

[illegible]

(Continue on separate sheet if necessary)

SIGNATURE		DATE	June 16, 2022
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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			
	INFUSION THERAPY FOR CHILDREN	10/20/2018	NA	8.0	Technical	ANSAP LEYTE-SAMAR CHAPTER
	INFUSION NURSING: INFECTION PREVENTION AND CONTROL	10/21/2018	NA	8.0	Technical	ANSAP LEYTE-SAMAR CHAPTER
	PAIN AS THE 5TH VITAL SIGN: PAIN ASSESSMENT AND PAIN MANAGEMENT	11/30/2018	NA	4.0	Technical	PNA NORTHWESTERN LEYTE CHAPTER
	"MENTORING PROCESS: A CRAFT EVERY LEADER SHOULD KNOW"	11/30/2018	NA	4.0	Supervisory	PNA NORTHWESTERN LEYTE CHAPTER
	13th Postgraduate Course Internal Medicine	2/8/2019	NA	8.0	Technical	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	Orientation	Baybay City Health office
	Orientation on Measles Outbreak Response among Government and Private Hospitals	3/19/2019	3/20/2019	12.0	Orientation	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	Managerial	Department of Health - Eastern Visayas Center for Health Development
	Basic Life Support	9/5/2019	9/5/2019	16.0	Technical	Department of Health
	Standard First Aid	10/16/2019	10/17/2019	16.0	Technical	Department of Health
	Emergency Medical Technician - Basic Training Course (Classroom Education)	3/2/2020	03/13/2020	320.0	Technical	Lifeline Ems Academy
	98th Foundation Anniversary, 63rd Nurses' Week Celebration and National Annual Convention 2020 via Zoom Virtual Platform with the theme: NURSING THE WORLD TO HEALTH	10/20/2021	10/22/2021	24.0	Technical	Philippine Nurses Association, INC.
	Weighing the Burden of NCDs Among the Elderly in a Pandemic (webinar)	3/11/2020	NA	1.5	Technical	Institute of Philippine Culture School of Social Sciences Ateneo De Manila University
	Webinar Series on the Diabetes in the New Normal	11/21/2020	NA	2.0	Technical	Nature's Spring Foundation, INC.
	Simplifying Bedside Stroke Assessment	11/23/2020	NA	2.0	Technical	Critical Care Nurses Association of the Philippines, INC.
	Webinar on SHAKING THE SHOCK (Warm Shock and its Management / Cold Shock and its Management / Nursing Responsibilities in Vasoconstrictors / Shock Epidemiology)	11/25/2020	11/26/2020	4.0	Technical	Critical Care Nurses Association of the Philippines, INC.
	8th Regional Council I Convention with the theme, "NURSES: A VOICE TO LEAD, NURSING THE WORLD TO HEALTH" via Zoom Platform	11/28/2020	11/29/2020	9.0	Technical and Supervisory	Philippine Nurses Association Regional Council I
	MENDING THE ACHY BREAKY HEART: Overview of High Alert Cardiovascular Drugs via Zoom Platform	11/19/2020	NA	2.0	Technical	Critical Care Nurses Association of the Philippines, INC.
	PNA SINIRANGAN BISAYAS CONVENTION 2021 "Nursing the World to Health in the New Normal" via Zoom Platform	8/1/2021	9/1/2021	6.0	Technical and Supervisory	Philippine Nurses Association Regional Council VIII
	Emergency Medical Technician - Basic Training Course (On the Job Training)	02/13/2021	03/21/2021	274.0	Technical	Lifeline Ems Academy
	AMERICAN HEART ASSOCIATION Basic Life Support (CPR and AED) Program	03/27/2021	NA	8.0	Technical	Emergency Medical Institute Training Center
	Fine Lines & Rough Edges of Critical Care via Zoom Platform	7/10/2021	8/10/2021	16.0	Technical	The Medical City Acute and Critical Care Institute
	"Ethico-Moral and Ethico-Legal Issues Among Nurses in the COVID-19 Pandemic" via Online Platform	5/11/2021	NA	4.0	Technical	Philippine Nurses Association, Inc.
	Holiday Injuries webinar: "Firecracker Blast Injuries" and "Penetrating Cranial Injuries" via Online Platform	8/12/2021	NA	2.0	Technical	Delex Pharma - Perioperative Care Forum
	22nd PHA Cebu Virtual Post Graduate Course: RIDING THE WAVE: Cardiovascular Care in the New Normal	03/28/2022	NA	3.0	Technical	Philippine Heart Assoc. Cebu Chapter
	Basic Life Support Provider's Course - Healthcare Provider	7/3/2022	8/3/2022	16.0	Technical	Department of Health Eastern Visayas Center for Health Development Health Emergency Management
	Standard First Aid Training - Healthcare Provider	9/3/2022	11/3/2022	24.0	Technical	Department of Health Eastern Visayas Center for Health Development Health Emergency Management
	The Pinoy Super WoMoM Leading Empowerment, Celebrating Milestone, & Growing the Nation	03/26/2022	NA	5.0	Technical	Mother and Child Nurses Association of the Philippines, Inc.
	Module 1: Seven Major Recommendations to Prevent Tuberculosis Transmission via Online Platform	04/29/2022	NA	1.0	Technical	Department of Health Academy
	EMS Medical Directors' Online Webinar and Workshop	04/21/2022	04/22/2022	16.0	Technical	Philippine General Hospital Department of Emergency Medicine
	Basic Life Support - Training of Trainers	05/16/2022	05/20/2022	40.0	Technical	Department of Health Eastern Visayas Center for Health Development Health Emergency Management
	"Disaster Risk Reduction and Management (DRRM) Training for LGU- Baybay City	4/6/2022	NA	8	Technical and Soft Skills	Korea International Cooperation Agency
(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		June 16, 2022		



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 type="checkbox"/> YES <input checked="" 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.
TEODORA DORIS P. BRAGANZA	ALBUERA, LEYTE	9336647028
CINDY R. FRUTO	VSU, VISCA, BAYBAY	9178919213
DR. ELWIN JAY V. YU	VSU, VISCA, BAYBAY	9357882192

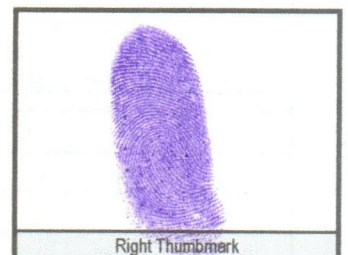
42. I declare under oath that I have personally accomplished this Personal Data Sheet which is a true, correct and complete statement pursuant to the provisions of pertinent laws, rules and regulations of the Republic of the Philippines. I authorize the agency head/authorized representative to verify/validate 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.



PHOTO

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:	05/31/2021 Ormoc City

Signature (Sign inside the box)	
January 16, 2022	
Date Accomplished	



Right Thumbmark

SUBSCRIBED AND SWORN to before me this 04 AUG 2022, affiant exhibiting his/her validly issued government ID as indicated above.

 ATTY. RYSAN C. GUINOCOR VSU Chief Legal Officer
Person Administering Oath