PERSONAL DATA SHEET

WARNING: Any misinterpreta concerned.							criminal case/s ag	gainst the per	son
Print legibly. Tick appropriate box	E TO FILLING OUT THE PERS es (and use separate sheet if	necessary. Indicate I	NA if not applicable. DO NOT A	BBREVIATE.	E PDS FORM	1. CS ID No.		(Do not fill up.	For CSC use only
I. PERSONAL INFORMATI									
2. SURNAME	FAELNAR								And Comme
FIRST NAME	LADY MAY						NAME EXTENSION (J	R., SR)	
MIDDLE NAME	CAPUNO								
DATE OF BIRTH (mm/dd/yyyy)	5/10/199	10	16. CITIZENSHIP		☑ Filip	oino [Dual Citizenship	☐by naturali	zation
4. PLACE OF BIRTH	Baybay, Le	eyte	If holder of dual citiz	enship,			Pls. indicate of		zauori
5. SEX	☐ Male	☑ Female	please indicate the	details.				24	-
6 CIVIL STATUS	✓ Single ✓ Widowed ✓ Other/s:	☐ Married ☐ Separated	17. RESIDENTIAL ADDRESS	Н	louse/Block/Lot l	No.		Street Guadalupe	
7. HEIGHT (m)	1.52 m				Baybay	ge	V-	Barangay Leyte	
1 73 1 5 3 1 5 3 1 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6	8,7 (2.25)	JATISZON ITI	ELVANT STATE BANACA		City/Municipalit	у		Province	
8. WEIGHT (kg)	48 kg		ZIP CODE	6521					1
9. BLOOD TYPE	A		18. PERMANENT ADDRESS	Н	louse/Block/Lot I	No.	·	Street	
10. GSIS ID NO.					Subdivision/Villa			Guadalupe	
11. PAG-IBIG ID NO.		-2	Age of the second secon		Baybay			Barangay Leyte	
12. PHILHEALTH NO.	13-025153683-0		ZIP CODE	6521	City/Municipality	у		Province	
13. SSS NO.			19. TELEPHONE NO.	563-1218					
14. TIN NO.	464-146-857-000		20. MOBILE NO.	0932-902-492	5				
15. AGENCY EMPLOYEE NO.			21. E-MAIL ADDRESS (if any)	ladymay	132000@	yahoo.cor	m		
II. FAMILY BACKGROUND	D								
22. SPOUSE'S SURNAME		NA		23. NAME of C	HILDREN (Writ	te full name and	f list all)	DATE OF BIRT	TH (mm/dd/yyyy)
FIRST NAME			NAME EXTENSION (JR., SR)			NA			
MIDDLE NAME									
OCCUPATION		NA							
EMPLOYER/BUSINESS NAME		NA							
BUSINESS ADDRESS		NA							
TELEPHONE NO.		NA							THE STREET
24. FATHER'S SURNAME	FAELNAR								
FIRST NAME	SUSANO	land to the control of the control o	JR						
MIDDLE NAME	YAP				,	At the second second			
25. MOTHER'S MAIDEN NAME									
SURNAME	CAPUNO								
FIRST NAME	MELIANIDA								
MIDDLE NAME	BATULAN		****		(0	Continue on se	parate sheet if neces	sary)	
III. EDUCATIONAL BACK	GROUND								
26. LEVEL	NAME OF SCH (Write in full		BASIC EDUCATION/DEGR (Write in full)	EE/COURSE	PERIOD OF	ATTENDANCE	HIGHEST LEVEL/ UNITS EARNED (if not graduated)	YEAR GRADUATED	SCHOLARSHIP/ ACADEMIC HONORS
ELEMENTARY	VISCA FOUNDATION ELEM	ENTARY SCHOOL	NA		From	To			RECEIVED
SECONDARY	LEYTE STATE UNIVERSITY L				6/1/1997	3/1/2003	NA	2003	NA
VOCATIONAL /	SCHOOL		NA NA		6/1/2003	3/1/2007	NA	2007	NA
TRADE COURSE COLLEGE	CEBU DOCTORS' UN	NIVERSITY	NA BACHELOR OF SCIENCE I	N NI IRSING	NA 6/1/2007	NA 4/10/2011	NA NA	NA 2011	NA
GRADUATE STUDIES	CEBU DOCTORS' UN	2180	MASTER OF SCIENCE IN		6/1/2016		NA 37 unite	2011 NA	NA
	1 300,010,011		Continue on separate sheet if nec		0/1/2016	PRESENT	37 units	NA	NA
SIGNATURE		16	×		DA	ATE		June 21,2018	

	EER SERVICE/ RA 1080 SPECIAL LAWS/	CES/ CSEE	RATING	DATE OF EXAMINATION /	PLACE OF EXAMINA	TION / CONEE	RMENT '	LICENSE (if a	1
BA	ARANGAY ELIGIBILITY /		(If Applicable)	CONFERMENT	PLACE OF EXAMINA	HONT CONFE	I WILLIA I	NUMBER	Dat Vali
NUR	SING LICENSURE I	EXAMINATION	77.2	12/21-23/2011	E HOUSE MAY TO BE THE CEBU	CITY	ed was	0742927	5/10/
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/. WORK I	EXPERIENCE		(Co	ntinue on separate sheet	if necessary)				
		Start from your recen	t work) Description	of duties should be	indicated in the attached	Work Expe	S DESCRIPTION OF STREET		
8. INCL (n	USIVE DATES nm/dd/yyyy)	POSITION 1			ENCY/OFFICE/COMPANY	MONTHLY	SALARY/ JOB/ PAY GRADE (if applicable)& STEP	STATUS OF	GC SER
From	То	(Write in full/Do not	t abbreviate)	(Write in full	/Do not abbreviate)	SALARY	(Format "00-0")/	APPOINTMENT	(Y
/15/2013	8/15/2017	NURS	E	VISAYAS STATE U	JNIVERSITY HOSPITAL	7990.00	NA	JOB ORDER	Y
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	UNTARY WORK OR INVOLVEMENT		INCLUSIV		UNGAMIZAT			
29.	NAME & ADDRESS OF C		(mm/d		NUMBER OF HOURS	ampadri e	POSITION / NATURE OF WORK	
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VII LE	ARNING AND DEVELOPMENT (L&E		tinue on separate : ROGRAMS A		1)			
	n the most recent L&D/training program and incl				Chief/Executive/Man	agerial positions)		
30. TITLE OF LEARNING AND DEVELOPMENT IN			INCLUSIVE DATES OF ATTENDANCE		NUMBER OF HOURS	Type of LD (Managerial/	CONDUCTED/ SPONSORED BY	
	(Write in fu	1	(mm/dd/yyyy) From To		NOMBEN OF HOURS	Supervisory/ Technical/etc)	(Write in full)	
	BASIC LIFE SUPP	PORT - 1 1900 Land de	3/14/2012	3/16/2012	24.0	nimal tre	DEPARTMENTOF HEALTH EMERGENCY MANAGEMENT STAFF	
CLINIC	CAL PRACTICE GUIDELINES IN PEDIATRIC	S: LEARNING FROM THE EXPERTS	7/5/2012	NA	8.0		PHILIPPINE PEDIATRIC SOCIETY EASTERN VISAYAS CHAPTER	
	BASIC INTRAVENOUS THER	RAPY TRAINING	11/9/2012	11/11/2012	24.0	. U Equipe	ASSOCIATIONOF NURSING SERVICE ADMINISTRATORS OF THE PHILIPPINES INC.	
FI	IRST AID AND BASIC LIFE SUPPORT FOR	HEALTH CARE PROVIDER CPR	12/7/2012	12/9/2012	24.0	noi las las	BASIC LIFESAVING SOLUTIONS	
	ADVANCE CARDIAC LIFE SUPPORT	SEMINAR WORKSHOP	12/7/2012	12/9/2012	24.0	tendiana d	BASIC LIFESAVING SOLUTIONS	
	INFECTIOUS DISEASES SUMMIT 2017 41	TH BIENNIAL CONFERENCE	8/30/2017	NA .	8.0	199101 1810	PHILIPPINE SOCIETY FOR MICROBIOLOGY AND INFECTIOUS DISEASES CEBU CHAPTER	
	BASIC LIFE SUPPORT (CF	PR AND AED)	11/29//17	11/30/2017	12.0		BASIC LIFESAVING SOLUTIONS	
	ADVANCE CARDIAC LIFE	E SUPPORT	11/30/2017	12/1/2018	12.0	and the second second	BASIC LIFESAVING SOLUTIONS	
	12TH CIM MEDICAL CONGRESS TIM	ME IS OF THE ESSENCE	12/4/2017	12/5/2017	16.0	(1 (85 A)(1) (9 : 0053 lo	CEBU INSTITUTE OF MEDICINE AND CIM ALUMN ASSOCITION	
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VIII. O	THER INFORMATION	(Col	ntinue on separate	sheet if necessar	(y)			
31.	SPECIAL SKILLS and HOBBIES	32. NOT	N-ACADEMIC DISTI	NCTIONS / RECO	GNITION		33. MEMBERSHIP IN ASSOCIATION/ORGANIZATION (Write in full)	
	Dancing	CEBU DOCTORS' UNIVER			S DANCETEAM N	MEMBER	LAETARE CHANTERS	
	Singing	×				5 7 7	LICEL DOS GRANDES EL ESTAN LA AST	
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	SIGNATURE	200	X		Di	ATE	June 21,2018	

Are you related by consanguinity or affinity to the binting chief of bureau or office or to the person who has immediate	or recommending authority, or to the supervision over you in the Office.					
Bureau or Department where you will be apppointed,	supervision ever you in the Onice,	Burns Add Index Charles				
a. within the third degree?		YES NO				
b. within the fourth degree (for Local Government Unit - Care	YES NO					
		If YES, give details:				
		ii 120; give detaile.				
a. Have you ever been found guilty of any administrative offe	ense?	YES NO				
		If YES, give details:				
b. Have you been criminally charged before any court?		YES V NO				
		If YES, give details:				
		Date Filed:				
	THE STATE OF	Status of Case/s:				
Have you ever been convicted of any crime or violation of ar	y law, decree, ordinance or regulation by					
any court or tribunal?	y law, assiss, oralization of regulation by	LI TES VI NO				
Street Clays Company		If YES, give details:				
Have you ever been separated from the service in any of the	following modes: resignation.	YES V NO				
retirement, dropped from the rolls, dismissal, termination, en		If YES, give details:				
(abolition) in the public or private sector?	A THE STATE OF THE					
a. Have you ever been a candidate in a national or local elec	ction held within the last year (except	☐ YES ☑ NO				
Barangay election)?	CANAL PROPERTY OF THE PARTY OF	If YES, give details:				
and not read the second						
b. Have you resigned from the government service during the		YES NO				
election to promote/actively campaign for a national or local		If YES, give details:				
Have you acquired the status of an immigrant or permanent	resident of another country?	YES NO				
END TURE ENGINEE DISABLE ON A SECOND OF THE	a Discount offices of	If YES, give details (country):				
S. BASELLESS OF STREET BESTER TO SEE						
Pursuant to: (a) Indigenous People's Act (RA 8371); (b) Mag	na Carta for Disabled Persons (RA					
7277); and (c) Solo Parents Welfare Act of 2000 (RA 8972),	please answer the following items:					
Are you a member of any indigenous group?						
, , , , , , , , , , , , , , , , , , , ,		☐ YES ☑ NO If YES, please specify:				
Are you a person with disability?	an in the state of the contract of the state	YES V NO				
		If YES, please specify ID No:				
Are you a solo parent?		YES NO				
		If YES, please specify ID No:				
REFERENCES (Person not related by consanguinity or affinity to applicant /a	appointee)					
NAME	ADDRESS	TEL. NO.				
JAN ANA B. MASENDO	GUADALUPE, BAYBAY	9171080150				
CINDY R. FRUTO	VSU, VISCA, BAYBAY	9178919213				
DR. ELWIN JAY V. YU		9357882192				
	VSU, VISCA, BAYBAY					
I declare under oath that I have personally accomplished						
complete statement pursuant to the provisions of pertine Philippines. I authorize the agency head/authorized represent	ent laws, rules and regulations of the	Republic of the Factor Lady May				
agree that any misrepresentation made in this docur	nent and its attachments shall cause	se the filing of PHOTO				
administrative/criminal case/s against me.		and filling of				
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PLEASE INDICATE ID Number and Date of Issuance						
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ate/Place of Issuance: 12/18/2107 CEBU C(TY	JUNC 21, 20 Date Accomplished	Right Thumbmark				
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SUBSCRIBED AND SWORN to before me this	, affiant exhibiti	ng his/her validly issued government ID as indicated above.				
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