

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		
9. BLOOD TYPE	A	18. PERMANENT ADDRESS	House/Block/Lot No. Street Zone 4 Guadalupe Subdivision/Village Barangay Baybay Leyte City/Municipality Province
10. GSIS ID NO.	2005283328	ZIP CODE	6521
11. PAG-IBIG ID NO.	1212-0273-2137		
12. PHILHEALTH NO.	13-025153683-0		
13. SSS NO.	NA	19. TELEPHONE NO.	563-1218
14. TIN NO.	464-146-857-000	20. MOBILE NO.	0943 043 0911
15. AGENCY EMPLOYEE NO.	V01051	21. E-MAIL ADDRESS (if any)	ladymay132000@yahoo.com

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	January 14, 2022
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[illegible]

V. WORK EXPERIENCE
(Include private employment. Start from your recent work) Description of duties should be indicated in the attached Work Experience sheet.

(Include private employment. Start from your recent work) Description of duties should be indicated in the attached Work Experience sheet.

[illegible]

SIGNATURE		DATE	January 14, 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			
	INFECTIOUS DISEASES SUMMIT 2017 4TH BIENNIAL CONFERENCE	8/30/2017	NA	8.0	Technical	PHIL. SOCIETY FOR MICROBIOLOGY AND INFECTIOUS DISEASES CEBU CHAPTER
	BASIC LIFE SUPPORT (CPR AND AED)	11/29/17	11/30/2017	12.0	Technical	BASIC LIFESAVING SOLUTIONS
	ADVANCE CARDIAC LIFE SUPPORT	11/30/2017	12/1/2018	12.0	Technical	BASIC LIFESAVING SOLUTIONS
	12TH CIM MEDICAL CONGRESS TIME IS OF THE ESSENCE	12/4/2017	12/5/2017	16.0	Technical	CEBU INSTITUTE OF MEDICINE AND CIM ALUMNI ASSOCIATION
	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	Technical	BayBay City Health office
	Orientation on Measles Outbreak Response among Government and Private Hospitals	3/19/2019	3/20/2019	12.0	Technical	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	9/6/2019	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 Vasopressors / Shock Epidemiology)	11/25/2020	11/26/2020	4.0	Technical	Critical Care Nurses Association of the Philippines, INC.
	6th 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	11/16/2020	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
(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		January 14, 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.
JAN ANA B. MASENDO	GUADALUPE, BAYBAY	9171080150
CINDY R. FRUTO	VSU, VISCA, BAYBAY	9178919213
DR. ELWIN JAY V. YU	VSU, VISCA, BAYBAY	9357882192

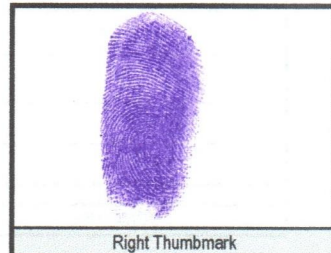
42. I declare under oath that I have personally accomplished this Personal Data Sheet which is a true, correct and complete statement pursuant to the provisions of pertinent laws, rules and regulations of the Republic of the Philippines. I authorize the agency head/authorized representative to verify/validate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



Lady May C. Faelnar

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 14, 2022 Date Accomplished
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SUBSCRIBED AND SWORN to before me this 08 FEB 2022, affiant exhibiting his/her validly issued government ID as indicated above.

ATTY. RYAN C. GUIWOCOK VSU Chief Legal Officer
Person Administering Oath