

CS Form No. 212
Revised 2017

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	Calungsod		
FIRST NAME	Phoebe Lynn	NAME EXTENSION (JR., SR) N/A	
MIDDLE NAME	Bolfango		
3. DATE OF BIRTH (mm/dd/yyyy)	04/05/1976	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 City, Leyte	If holder of dual citizenship, please indicate the details.	Philippines
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	Unit 13 First street extension House/Block/Lot No. Street Farmer's village Pangasungan Subdivision/Village Barangay BAYBAY LEYTE City/Municipality Province ZIP CODE 6521
7. HEIGHT (m)	1.63	18. PERMANENT ADDRESS	House/Block/Lot No. Street Maitum Subdivision/Village Barangay BAYBAY LEYTE City/Municipality Province ZIP CODE 6521
8. WEIGHT (kg)	85.00		
9. BLOOD TYPE	O+	19. TELEPHONE NO.	(053) 563 9909
10. GSIS ID NO.	N/A	20. MOBILE NO.	9171870088
11. PAG-IBIG ID NO.	N/A	21. E-MAIL ADDRESS (if any)	phoebelynn.calungsod@vsu.edu.ph
12. PHILHEALTH NO.	N/A		
13. SSS NO.	N/A		
14. TIN NO.	N/A		
15. AGENCY EMPLOYEE NO.	V00134		


II. FAMILY BACKGROUND

22. SPOUSE'S SURNAME	N/A	23. NAME OF CHILDREN (Write full name and list all)	DATE OF BIRTH (mm/dd/yyyy)
FIRST NAME	N/A	NAME EXTENSION (JR., SR) N/A	N/A
MIDDLE NAME	N/A		
OCCUPATION	N/A		
EMPLOYER/BUSINESS NAME	N/A		
BUSINESS ADDRESS	N/A		
TELEPHONE NO.	N/A		
24. FATHER'S SURNAME	N/A		
FIRST NAME	N/A	NAME EXTENSION (JR., SR) N/A	
MIDDLE NAME	N/A		
25. MOTHER'S MAIDEN NAME	N/A		
SURNAME	N/A		
FIRST NAME	N/A		
MIDDLE NAME	N/A		

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	Baybay North/Dulag SPED Center	Elementary	1983	1989		1989	N/A
SECONDARY	Baybay National High School	High School	1989	1993		1993	N/A
VOCATIONAL/ TRADE COURSE	N/A						
COLLEGE	University of Cebu	Bachelor of Science in Nursing	1993	1997		1997	N/A
GRADUATE STUDIES	Southwestern University	Master of Arts in Nursing	2007	2010		2010	N/A

PLEASE SEE ATTACHMENT A
(Continue on separate sheet if necessary)

SIGNATURE		DATE	05/07/2024
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IV. CIVIL SERVICE ELIGIBILITY

[illegible]


(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.

[illegible]

(Continue on separate sheet if necessary)

SIGNATURE	
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DATE

05/07/2024

29.	NAME & ADDRESS OF ORGANIZATION (Write in full)	INCLUSIVE DATES (mm/dd/yyyy)		NUMBER OF HOURS	POSITION / NATURE OF WORK
		From	To		
	N/A	N/A	N/A	N/A	N/A

VII. LEARNING AND DEVELOPMENT (L&D) INTERVENTIONS/TRAINING PROGRAMS ATTENDED

[illegible]

VIII. OTHER INFORMATION

31. SPECIAL SKILLS and HOBBIES	32. NON-ACADEMIC DISTINCTIONS / RECOGNITION (Write in full)	33. MEMBERSHIP IN ASSOCIATION/ORGANIZATION (Write in full)
N/A	N/A	N/A

SIGNATURE		DATE	05/07/2024
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<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>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><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>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 type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>If YES, give details: _____</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><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>If YES, give details: _____</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>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 checked="" type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>If YES, please specify ID No _____</p> <p style="text-align: right;">Single mother and not married</p>

41. REFERENCES (Person not related by consanguinity or affinity to applicant /appointee)

NAME	ADDRESS	TEL. NO.
Prince Japred P. Toring	Brgy. Hipungo, Baybay	0929 618 0710
Conception Papang	Brgy. - Cagon, Baybay	0929 572 96
Diane Ecluvia	Brgy. Lalaras, Baybay	0946 597 7165

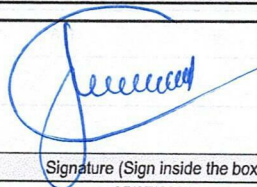
42. I declare under oath that I have personally accomplished this Personal Data Sheet which is a true, correct and complete statement pursuant to the provisions of pertinent laws, rules and regulations of the Republic of the Philippines. I authorize the agency head/authorized representative to verify/validate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

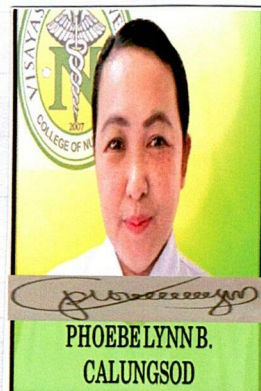
Government Issued ID (i.e. Passport, GSIS, SSS, PRC, Driver's License, etc.) PLEASE INDICATE ID Number and Date of Issuance

Government Issued ID: N/A

ID/License/Passport No.: N/A

Date/Place of Issuance: N/A


 Signature (Sign inside the box)
 05/07/2024
 Date Accomplished



Right Thumbmark

SUBSCRIBED AND SWORN to before me this 09 MAY 2024, affiant exhibiting his/her validly issued government ID as indicated above.


ATTY. RYSA 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: April 2008 – 2013
- Position: Clinical Instructor; Academic Coordinator; RLE Coordinator; Over-all Coordinator; Class Adviser; College Personnel Committee member; Dean
- Name of Office/Unit: College of Nursing
- Immediate Supervisor: Dr. Edgardo Tulin/Mrs Erleta S. Piñero/Mr. Elni Mari Mendoza/Dr. Janet Alexis Delos Santos/Mrs Jesusa Magno/Dr. Joel Rey Acob/Dr. Michelle A. Calda
- Name of Agency/Organization and location: Visayas State University, Baybay City, Leyte
 - List of accomplishments and Contribution:
 - a. Conducts teaching-related works which includes but not limited to student supervision in the clinical areas, classroom setting lectures.
 - b. Facilitates student's engaged activities as organization adviser
 - c. Involve in proposal preparation, research project implementation and dissemination through publication and for a presentation and community extension programs.
 - d. Served as a member of VSU Crises management Committee, TWG for Community Extension project proposal.
 - e. Served as the head of the unit for few months
 - f. Functions in various college coordinators and in university organizations.

- Duration: Year 2006 -2007
- Position: GENERAL NURSING UNIT STAFF NURSE
- Name of Office/Unit: Medical Center Manila
- Immediate Supervisor: Maila Claire Lichauco, MAN
- Name of Agency/Organization and Location: Medical Center Manila, Manila
- List of Accomplishments and Contributions (if any)
 - a. Performs duty as a staff nurse of the general nursing unit (total nursing care)
 - b. Act a a senior nurse of the novice nurses
 - c. Assist the physician in any medical procedures
 - d. Incorporates health teaching and education sessions based on the patient's disease condition.
 - e. Facilitates patient and family concerns relative to client care.

- Duration: Year 2003-2006
- Position: Dental Nurse
- Name of Office/Unit: Nursing Service
- Immediate Supervisor: Dr. Abdullah Al' Mozher
- Name of Agency/Organization and Location: Dr. Abdullah Al' Mozher Dental Polyclinic, KSA
- List of Accomplishments and Contributions (if any)
 - a. Conducts staff nursing functions such as but not limited to patient assessments, medication preparation and performance of bedside care both at independent, dependent and collaborative schemes.
 - b. Assist the dentist in any dental procedures
 - c. Do oral hygiene (dental cleaning) with patients

- Duration: Year 2001-2003
- Position: Emergency Room Nurse
- Name of Office/Unit: Nursing Service

- Immediate Supervisor: Mrs. Edna Caballero
- Name of Agency/Organization and Location: North General Hospital, Cebu City, Philippines
List of Accomplishments and Contributions (if any)
 - a. Performs duty as a staff nurse of the general nursing unit (total nursing care)
 - b. Assist the physician during emergency situation.
 - c. Act a senior nurse of the novice nurses
 - d. Assist the physician in any medical procedures
 - e. Incorporates health teaching and education sessions based on the patient's disease condition.
 - f. Facilitates patient and family concerns relative to client care.

- Duration: Year 1999-2001
- Position: Staff Nurse; Emergency Room Nurse and Code Nurse
- Name of Office/Unit: Nursing Service
- Immediate Supervisor: Mrs. Edna Caballero
- Name of Agency/Organization and Location: Cebu Doctors Hospital, Cebu City, Philippines
List of Accomplishments and Contributions (if any)
 - a. Assist the physician during emergency situation.
 - b. Response to emergency calls or code.
 - c. Assist the physician in any medical procedures
 - d. Incorporates health teaching and education sessions based on the patient's disease condition.
 - e. Facilitates patient and family concerns relative to client care.

- Duration: Year 1997-1998
- Position: Community Health Nurse
- Name of Office/Unit: Rural Health Unit
- Immediate Supervisor: Dr. Evelyn Guinigor
- Name of Agency/Organization and Location: Baybay City, Philippines
List of Accomplishments and Contributions (if any)
 - f. Assist the City health officer in taking care of clients
 - g. Help in giving immunizations in the barangay level
 - h. Incorporates health teaching and education sessions based on the patient's disease condition.
 - i. Facilitates patient and family concerns relative to client care.

CALUNGSOD


PHOEBE LYNN B.

(Signature over Printed Name
of Employee/Applicant)

Date: April 22, 2024