

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	FERNANDEZ		
FIRST NAME	GAY	NAME EXTENSION (JR., SR) NA	
MIDDLE NAME	SERATO		
3. DATE OF BIRTH (mm/dd/yyyy)	1/6/1964	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	MAHAPLAG, 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 type="checkbox"/> Single <input checked="" type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Separated <input type="checkbox"/> Other/s:		
7. HEIGHT (m)	1.55 M	17. RESIDENTIAL ADDRESS	329 G.H. DEL PILAR House/Block/Lot No. Street Subdivision/Village ZONE 6 BAYBAY Leyte City/Municipality Province
8. WEIGHT (kg)	64 kg	ZIP CODE	6521
9. BLOOD TYPE	B Rh Positive	18. PERMANENT ADDRESS	329 G.H. DEL PILAR House/Block/Lot No. Street Subdivision/Village Barangay BAYBAY Leyte City/Municipality Province
10. GSIS ID NO.	NONE	ZIP CODE	6521
11. PAG-IBIG ID NO.	1700-0081-5711	19. TELEPHONE NO.	NONE
12. PHILHEALTH NO.	13-050000771-1	20. MOBILE NO.	09264808457
13. SSS NO.	03-8881106-3	21. E-MAIL ADDRESS (if any)	gaysfernandez@gmail.com
14. TIN NO.	169-298-294		
15. AGENCY EMPLOYEE NO.			

II. FAMILY BACKGROUND

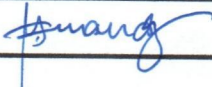
22. SPOUSE'S SURNAME	FERNANDEZ		23. NAME of CHILDREN (Write full name and list all)	DATE OF BIRTH (mm/dd/yyyy)
FIRST NAME	CLYSON	NAME EXTENSION (JR., SR) NA	FAITH GAY S. FERNANDEZ	6/1/1995
MIDDLE NAME	CASTILLO		ANGEL ADELYN S. FERNANDEZ	9/27/2001
OCCUPATION	SELF-EMPLOYED		CLYSONNE ANNE S. FERNANDEZ	7/4/2003
EMPLOYER/BUSINESS NAME	N/A			
BUSINESS ADDRESS	N/A			
TELEPHONE NO.	N/A			
24. FATHER'S SURNAME	SERATO			
FIRST NAME	ESTELITO	SR.		
MIDDLE NAME	MATUGUINA			
25. MOTHER'S MAIDEN NAME				
SURNAME	RETANA			
FIRST NAME	ANGELES			
MIDDLE NAME	GILLES			

(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	KARUHATAN ELEMENTARY SCHOOL	NA	1970	1976	Grade School	1976	NA
SECONDARY	MAHAPLAG HIGH SCHOOL	NA	1976	1980	Secondary	1980	SALUTATORIAN
VOCATIONAL / TRADE COURSE	NA	NA	NA	NA	NA	NA	NA
COLLEGE	SOUTHWESTERN UNIVERSITY	BACHELOR OF SCIENCE IN MEDICAL TECHNOLOGY	1980	1986	BSMT	1986	NA
GRADUATE STUDIES	NA	NA	NA	NA	NA	NA	NA

(Continue on separate sheet if necessary)

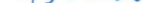
SIGNATURE		DATE	March 26, 2021
-----------	---	------	----------------

CS FORM 212 (Revised 2017), Page 1 of 4

[illegible]

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

[illegible]

SIGNATURE		DATE	March 26, 2021
-----------	---	------	----------------

CS FORM 212 (Revised 2017), Page 2 of 4

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)	CONDUCTED/ SPONSORED BY (Write in full)
		From	To			
	IS COVID VACCINE RIGHT FOR YOU	2/23/2021	2/23/2021	2.0	From Field	UP LOS BAÑOS COLLEGE OF PUBLIC AFFAIRS
	COVID-19 TESTING AND BIOSAFETY EVALUATION FORM			4.0	T	PAMET LEYTE-BILIRAN CHAPTER
	LABORATORY RESILLIENCE: MAINTAINING QUALITY IN ADVERSITY	12/12/2020	12/12/2020	4.0	T	PHIL. SOCIETY OF MEDICAL LABORATORY SCIENTISTS INC.
	14TH PHILIPPINE COUNCIL FOR QUALITY ASSURANCE IN CLINICAL LABORATORIES ANNUAL CONVENTION	9/26/2018	9/28/2017	24.0	T	PHILIPPINE COUNCIL FOR QUALITY ASSURANCE IN CLINICAL
	ANTIMICROBIAL STEWARDSHIP (AMS) TRAINING FOR LEVEL II HOSPITALS	6/19/2018	6/22/2018	32.0	T	DEPARTMENT OF HEALTH
	TRAINING OF LABORATORY STAFF ON THE FORMULATION OF LABORATORY ACTION PLAN	4/25/2018	4/27/2018	24.0	T	DEPARTMENT OF HEALTH
	RAISING THE GOLD STANDARD FOR WORLD CLASS MEDICAL TECHNOLOGISTS	8/25/2017	8/25/2017	8.0	T	PAMET- REGION 8
	TRAINING COURSE ON DOCUMENTATION, DOCUMENT CONTROL AND RECORD MANAGEMENT FOR THE REGIONAL LABORATORY NETWORK COUNCIL	9/6/2017	9/8/2017	24.0	T	DEPARTMENT OF HEALTH
	TRAINING COURSE FOR ASSESSORS LABORATORY ACTION PLAN OF HOSPITALS IN REGION 8 IN COORDINATION WITH THE REGION 8 LABORATORY NETWORK COUNCIL	3/28/2017	3/31/2017	32.0	T	DEPARTMENT OF HEALTH

(Continue on separate sheet if necessary)

VIII. OTHER INFORMATION

31.	SPECIAL SKILLS and HOBBIES	32.	NON-ACADEMIC DISTINCTIONS / RECOGNITION (Write in full)	MEMBERSHIP IN ASSOCIATION/ORGANIZATION (Write in full)
	GARDENING		None	None
	MOVIES			

(Continue on separate sheet if necessary)

SIGNATURE		DATE	March 26, 2021
-----------	---	------	----------------

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.
MONICO CARAWANA JR., MD	BAYBAY CITY	9173270371
VICENTE RODRIGUEZ, MD	ORMOC CITY	017308 2921
CLEOCITA PORTULA, MD	TACLOBAN CITY	9173235337
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.		



<div>Government Issued ID (i.e. Passport, GSIS, SSS, PRC, Driver's License, etc.) PLEASE INDICATE ID Number and Date of Issuance</div> <div>Government Issued ID: 0019049</div> <div>ID/License/Passport No.: PRC</div> <div>Date/Place of Issuance: 1/31/2020</div>	<div></div> <div>Signature (Sign inside the box)</div> <div>March 26, 2021</div> <div>Date Accomplished</div>	<div></div> <div>Right Thumbmark</div>
--	---	--

SUBSCRIBED AND SWORN to before me this <u>21 APR 2021</u> , affiant exhibiting his/her validly issued government ID as indicated above.	
<div></div> <div>ATTY. RYAN C. GUMOCOR</div> <div>VSU Legal Officer</div> <div>Person Administering Oath</div>	

WORK EXPERIENCE SHEET

Instructions: 1. Include only the work experiences relevant to the position being applied for.

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 starting with the most recent/present employment

- Duration: 05/2020- Present
- Position: Medical Technologist (Job Order)
- Name of office/ unit: VSU-University Services for Health Emergency and Rescue
- Immediate Supervisor: DR. CLEOCITA P.PORTULA , FPSP - Pathologist
- Name of Agency/ Organization and Location: Visayas State University, Visca Baybay City, Leyte
 - Summary of Actual duties
 - Perform Blood Extractions, Laboratory Analyses and Releasing of results.
 - Perform Daily Internal Quality Controls
 - Perform Annual External Quality Control
 - Monitor regular preventive maintenance and calibrations of laboratory equipments and machines

- Duration: 04/1994- 12/2019
- Position: Chief Medical Technologist
- Name of office/ unit: Laboratory Department
- Immediate Supervisor: Dr. Ma. Teresita Z. Perilla, FPSP - Pathologist
- Name of Agency/ Organization and Location: OSPA-Farmer's Medical Center, Ormoc City
 - List of accomplishments
 - Supervised the laboratory in upgrading from a secondary level to a tertiary level laboratory
 - Supervised the establishment of the Blood Bank with other capabilities
 - Supervised the set-up of the Drug Testing laboratory
 - Summary of Actual Duties
 - Supervises the laboratory department including staff management, from schedules, workloads and inter-personal staff relations.
 - In-charge of the requisitions and purchasing of reagents and equipments
 - Oversees the duties and responsibilities of each section heads
 - Monitor regular preventive maintenance and calibrations of laboratory equipments and machines

- Duration: 01/1992- 1/1993
- Position: Medical Technologist (Contractual)
- Name of office/ unit: Laboratory Department
- Immediate Supervisor: Section Head of Phlebotomy/ Out Patient Department
- Name of Agency/ Organization and Location: The Medical City, Pasig City
 - Summary of Actual Duties
 - In-charge of the receiving of specimens and laboratory request and releasing of results
 - Performs Blood Extractions (OPD/In-Patient)
 - Receives telephone calls

- Duration: 10/1987- 10/1988
- Position: Medical Technologist (Permanent)
- Name of office/ unit: Laboratory Department
- Immediate Supervisor: Medical Director
- Name of Agency/ Organization and Location: Consuelo K. Tan Medical Center, Sogod Southern Leyte
 - Summary of Actual Duties
 - In-charge of the receiving of specimens and laboratory request and releasing of results
 - Performs Blood Extractions (OPD/In-Patient)
 - Perform routine laboratory analyses.


GAY S. FERNANDEZ, RMT

(Signature over Printed Name
of Employee/Applicant)

Date:03/26/2021