

# PERSONAL DATA SHEET

**WARNING:** Any misinterpretation 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.**

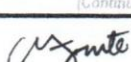
Print legibly. Tick appropriate boxes (☐) and use separate sheet if necessary. Indicate N/A if not applicable. **DO NOT ABBREVIATE.**

1. CS ID No. (Do not fill up. For CSC use only)

I. PERSONAL INFORMATION			
2. SURNAME	FRUTO		
FIRST NAME	CINDY	NAME EXTENSION (JR., SR)	
MIDDLE NAME	RUFIN		
3. DATE OF BIRTH (mm/dd/yyyy)	12/11/1989	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	MAASIN CITY, SOUTHERN 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 type="checkbox"/> Single <input checked="" type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Separated <input type="checkbox"/> Other/s:	17. RESIDENTIAL ADDRESS	DUPLEX A-2 House/Block/Lot No. Street VISAYAS STATE UNIVERSITY PANGASUGAN Subdivision/Village Barangay BAYBAY LEYTE City/Municipality Province ZIP CODE 6521
7. HEIGHT (m)	1.47M	18. PERMANENT ADDRESS	N/A N/A House/Block/Lot No. Street N/A N/A Subdivision/Village Barangay MAASIN SOUTHERN LEYTE City/Municipality Province ZIP CODE 6600
8. WEIGHT (kg)	51KG		
9. BLOOD TYPE	B		
10. GSIS ID NO.	02004410699		
11. PAG-IBIG ID NO.	121098359325		
12. PHILHEALTH NO.	13-0001049772		
13. SSS NO.	0632563494	19. TELEPHONE NO.	N/A
14. TIN NO.	298-834-331	20. MOBILE NO.	09178919213
15. AGENCY EMPLOYEE NO.	VOO818	21. E-MAIL ADDRESS (if any)	lovelycindy63@gmail.com

II. FAMILY BACKGROUND			
22. SPOUSE'S SURNAME	FRUTO	23. NAME of CHILDREN (Write full name and list all)	DATE OF BIRTH (mm/dd/yyyy)
FIRST NAME	QUINN	NAME EXTENSION (JR., SR)	DUAN VINCENT R. FRUTO
MIDDLE NAME	OLAMIT		06/24/2016
OCCUPATION	N/A		
EMPLOYER/BUSINESS NAME	N/A		
BUSINESS ADDRESS	N/A		
TELEPHONE NO.	N/A		
24. FATHER'S SURNAME	RUFIN		
FIRST NAME	BENECIO	SR	
MIDDLE NAME	PALOMA		
25. MOTHER'S MAIDEN NAME	GUARTE		
SURNAME	RUFIN		
FIRST NAME	FE		
MIDDLE NAME	GUARTE		
(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	STO. ROSARIO ELEMENTARY SCHOOL	PRIMARY	1996	2002	PRIMARY	2002	WITH HONOR
SECONDARY	MANHILO NATIONAL HIGH SCHOOL	SECONDARY EDUCATION	2002	2006	SECONDARY	2006	VALEDICTORIAN
VOCATIONAL / TRADE COURSE	N/A	N/A	N/A	N/A	N/A	N/A	N/A
COLLEGE	COLLEGE OF MAASIN	BACHELOR OF SCIENCE IN NURSING	2006	2010	N/A	2010	N/A
GRADUATE STUDIES	N/A	N/A	N/A	N/A	N/A	N/A	N/A
(Continue on separate sheet if necessary)							


SIGNATURE		DATE	4/24/2017
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[illegible]

## V. WORK EXPERIENCE

[illegible]

(Continue on separate sheet if necessary)			
SIGNATURE		DATE	04/24/2017



**VI. VOLUNTARY WORK OR INVOLVEMENT IN CIVIC / GOVERNMENT / PEOPLE / VOLUNTARY ORGANIZATION**

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

(Continue on separate sheet if necessary)

**VII. LEARNING AND DEVELOPMENT (LAD) INTERVENTIONS/TRAINING PROGRAMS ATTENDED**

(Start from the most recent LAD/training program and include only the relevant LAD/training taken for the last five (5) years for Division Chief/Executive/Managerial positions)

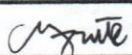
30.	TITLE OF LEARNING AND DEVELOPMENT INTERVENTIONS/TRAINING PROGRAMS (Write in full)	INCLUSIVE DATES OF ATTENDANCE (mm/dd/yyyy)		NUMBER OF HOURS	Type of LD ( Managerial/ Supervisory/ Technical/etc)	CONDUCTED/ SPONSORED BY (Write in full)
		From	To			
	PROJECT IMPLEMENTATION REVIEW	04/20/2017	04/21/2017	16	N/A	CULLION FOUNDATION, INC REGION 8
	TRAINING ON THE REVISED HTP MANUAL OF PROCEDURES	02/27/2017	03/02/2017	32	N/A	DEPARTMENT OF HEALTH
	DATA QUALITY CHECK (DQC) OF TB PROGRAM	02/14/2017	02/16/2017	24	N/A	DEPART MENT OF HEALTH
	MENTAL HEALTH GAP ACTION PROGRAM TRAINING	01/13/2015	01/14/2015	16	N/A	INTERNATIONAL MEDICAL CORPORATION
	TRAINING FOR HEALTH WORKERS ON PROMOTING HEALTH LIFESTYLE	06/19/2014	06/20/2014	16	N/A	DEPART MENT OF HEALTH
	ENVIRONMENTAL HEALTH AND SANITATION	02/07/2013	02/08/2013	16	N/A	VISAYAS STATE UNIVERSITY LOCAL GOVERNMENT UNIT OF BAYBAY
	FORUM ON COMMON CANCER AFFECTING MEN AND WOMEN	08/09/2012	08/09/2012	4	N/A	VISAYAS STATE UNIVERSITY
	CLINICAL PRACTICE GUIDELINES IN PEDIATRICS LEARNING FROM THE EXPERTS	07/05/2012	07/05/2012	8	N/A	PHILIPPINE PEDIATRIC SOCIETY INCORPORATION AND EASTERN
	BASIC LIFE SUPPORT TRAINING	03/14/2012	03/16/2012	24	N/A	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)	33.	MEMBERSHIP IN ASSOCIATION/ORGANIZATION (Write in full)
	READING		N/A		ADMINISTRATIVE PERSONNEL ASSOCIATION (ADFA)
	COMPUTER LITERATE		N/A		N/A

(Continue on separate sheet if necessary)

SIGNATURE		DATE	04/24/2017
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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)													
<table><thead><tr><th>NAME</th><th>ADDRESS</th><th>TEL. NO.</th></tr></thead><tbody><tr><td>DR. ELWIN JAY V. YU</td><td>VISAYAS STATE UNIVERSITY</td><td>563-7510</td></tr><tr><td>DR. JOSEPHINE O. ZAFICO</td><td>VISAYAS STATE UNIVERSITY</td><td>563-7510</td></tr><tr><td>MRS. TEODORA DORIS P. BRAGANZA</td><td>VISAYAS STATE UNIVERSITY</td><td>563-7510</td></tr></tbody></table>		NAME	ADDRESS	TEL. NO.	DR. ELWIN JAY V. YU	VISAYAS STATE UNIVERSITY	563-7510	DR. JOSEPHINE O. ZAFICO	VISAYAS STATE UNIVERSITY	563-7510	MRS. TEODORA DORIS P. BRAGANZA	VISAYAS STATE UNIVERSITY	563-7510
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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.													
<table><tr><td>Government Issued ID (i.e. Passport, GSIS, SSS, PRC, Driver's License, etc.) PLEASE INDICATE ID Number and Date of Issuance</td></tr><tr><td>Government Issued ID: PRC</td></tr><tr><td>ID/License/Passport No.: 0692109</td></tr><tr><td>Date/Place of Issuance: 03/29/2011 TACLOBAN CITY</td></tr></table>	Government Issued ID (i.e. Passport, GSIS, SSS, PRC, Driver's License, etc.) PLEASE INDICATE ID Number and Date of Issuance	Government Issued ID: PRC	ID/License/Passport No.: 0692109	Date/Place of Issuance: 03/29/2011 TACLOBAN CITY	<table><tr><td></td></tr><tr><td>Signature (Sign inside the box)</td></tr><tr><td>04/24/2017</td></tr><tr><td>Date Accomplished</td></tr></table>		Signature (Sign inside the box)	04/24/2017	Date Accomplished				
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	<table><tr><td></td></tr><tr><td>Right Thumbmark</td></tr></table>		Right Thumbmark										
													
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SUBSCRIBED AND SWORN to before me this <u>APR 27 2017</u> , affiant exhibiting his/her validly issued government ID as indicated above.													
<table><tr><td></td></tr><tr><td>ATTY. RYSAN C. GUINOCOR</td></tr><tr><td>NOTARY PUBLIC</td></tr><tr><td>UNTIL DECEMBER 31, 2017</td></tr><tr><td>Person Administering Oath</td></tr></table> <p>PTR 0395867 - BAYBAY/LEYTE - 11/12/17 IBP 1030721 - TACLOBAN CITY - 12/19/16 MCLE COMP. NO. V-0062527 - 07/20/15 ROLL OF ATTORNEYS NO. 57467</p>			ATTY. RYSAN C. GUINOCOR	NOTARY PUBLIC	UNTIL DECEMBER 31, 2017	Person Administering Oath							
													
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