## PERSONAL DATA SHEET

WARNING: Any misinterpretat concerned.			1901 Departs			nistrative/ci	riminal case/s aga		on
READ THE ATTACHED GUIDE Print legibly. Tick appropriate boxes	and use separate shee				PDS FORM.	1. CS ID No		(Do not fill up. Fo	or CSC use only)
I. PERSONAL INFORMATIO									
2. SURNAME	FAELNAR						NAME EXTENSION (JR	CDI	
FIRST NAME	LADY MAY					1	NAME EXTENSION (JR.	, SK)	
MIDDLE NAME	CAPUNO								
DATE OF BIRTH     (mm/dd/yyyy)	5/10/	1990	16. CITIZENSHIP	☑ Filipi	☐ Filipino ☐ Dual Citizenship ☐ by birth ☐ by naturalizatio			ation	
4. PLACE OF BIRTH	Baybay	, Leyte	If holder of dual citiz	enship,			Pls. indicate of	Andrew Control of the State of	
5. SEX	☐ Male	✓ Female	please indicate the	details.	Englant His		The second secon	Security of the	-
6 CIVIL STATUS	☑ Single ☐ Widowed ☐ Other/s:	☐ Married ☐ Separated	17. RESIDENTIAL ADDRESS		House/Block/Lot No.				
7. HEIGHT (m)	1.52 m		n v shi keshika	8	Subdivision/Villag Baybay	е		Barangay Leyte	-
8. WEIGHT (kg)	48 kg	T JATISTONIA	ZIP CODE	6521	City/Municipality			Province	Racias S
		and and the	18. PERMANENT ADDRESS	0021	эсл	38'1		151010 = C	3/5/201
9. BLOOD TYPE  10. GSIS ID NO.	A	+	10.7 2100 11217 7120 200	Н	louse/Block/Lot N	lo.		Street Guadalupe	
				5	Subdivision/Villag Baybay	le		Barangay Leyte	
11. PAG-IBIG ID NO.					City/Municipality			Province	
12. PHILHEALTH NO.	13-025153683-0		ZIP CODE	6521					
13. SSS NO.			19. TELEPHONE NO.	563-1218					
14. TIN NO.	464-146-857-000		20. MOBILE NO.	0943 043 091	1				
15. AGENCY EMPLOYEE NO.			21. E-MAIL ADDRESS (if any)	ladymay	132000@y	/ahoo.cor	<u>n</u>	-	
II. FAMILY BACKGROUND									
22. SPOUSE'S SURNAME FIRST NAME	NA NA		23. NAME of (		CHILDREN (Write full name and list all)  NA			DATE OF BIRTH (mm/dd/yyyy)	
MIDDLE NAME						***			
OCCUPATION		NA				-			
EMPLOYER/BUSINESS NAME		NA							
BUSINESS ADDRESS		NA							
TELEPHONE NO.		, NA							
24. FATHER'S SURNAME	FAELNAR				4. 1				
FIRST NAME	SUSANO		JR :						
MIDDLE NAME	YAP					,			
25. MOTHER'S MAIDEN NAME						angen and a second			
SURNAME	CAPUNO								
FIRST NAME	MELIANIDA								
MIDDLE NAME	BATULAN				(0	ontinue on se	parate sheet if neces	sary)	
III. EDUCATIONAL BACK	ROUND								
26. LEVEL		SCHOOL ·	BASIC EDUCATION/DEGI (Write in full)		PERIOD OF	ATTENDANCE	HIGHEST LEVEL/ UNITS EARNED (if not graduated)	YEAR GRADUATED	SCHOLARSHIP/ ACADEMIC HONORS
	1,000,500,500				From	То		0000	RECEIVED
ELEMENTARY .		ELEMENTARY SCHOOL SITY LABORATORY HIGH	NA NA	4	6/1/1997	3/1/2003	NA	2003	NA
SECONDARY		100L	NA NA		6/1/2003	3/1/2007	NA NA	2007	NA
VOCATIONAL / TRADE COURSE	N	IA	NA		NA	NA	NA	NA	NA
COLLEGE	CEBU DOCTOR	RS' UNIVERSITY	BACHELOR OF SCIENCE	IN NURSING	6/1/2007	4/10/2011	NA	2011	NA
GRADUATE STUDIES	CEBU DOCTOR	RS' UNIVERSITY	MASTER OF SCIENCE	IN NURSING	6/1/2016	PRESENT	37 units	NA	NA
SIGNATURE			(Continue on separate sheet if ne	cessary)	D	ATE		June 19,2019	
CONTONE		sect			DAIE			June 19,2019	

27. CAR		1080 (BOARD/ BAR) UNDER	RATING	DATE OF	DI ASSESSE SULL	· · · · · · · · · · · · · · · · · · ·		LICENSE (if a	
		(If Applicable)	EXAMINATION / CONFERMENT	PLACE OF EXAMIL	ON / CONFE	KMENI ,	NUMBER	Date of Validity	
NUF	RSING LICENSI	JRE EXAMINATION	77.2	12/21-23/2011	CEBU OR) THERE ATEO TAX	CITY	Tu bacan	0742927	5/10/2021
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v WORK	EXPERIENCE		(Co	ontinue on separate sheet if	necessary)				
		ent. Start from your recen	t work) Description	n of duties should be in	ndicated in the attached	Work Expe	THE RESERVE THE PERSON NAMED IN		
	LUSIVE DATES (mm/dd/yyyy)	POSITION 1		DEPARTMENT / AGENCY / OFFICE / COMPANY (Write in full/Do not abbreviate)		MONTHLY SALARY	SALARY/ JOB/ PAY GRADE (if applicable)& STEP (Format "00-0")/ INCREMENT	STATUS OF APPOINTMENT	GOV'T SERVICE (Y/N)
From	То	(Write in full/Do not	t abbreviate)						
3/15/2013	8/15/2017	NURSI	É	VISAYAS STATE UN	NIVERSITY HOSPITAL	7990.00	NA	JOB ORDER	YES
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IV. CIVIL SERVICE ELIGIBILITY

29. NAME & ADDRESS OF ORGANIZATIVE (Write in full)		INCLUSIVE DATES (mm/dd/yyyy)		NUMBER OF HOURS	POSITION / NATURE OF WORK		
		From To					
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		ntinue on separate	NAME AND ADDRESS OF TAXABLE PARTY.	9)			
<ol> <li>LEARNING AND DEVELOPMENT (Land the formation of the most recent L&amp;D/training program and it.)</li> </ol>				Chief/Executive/Man	agerial positions)		
	A STATE OF THE STA	INCLUSIVE	DATES OF	F 100	Type of LD	• New York Committee of the Committee of	
TITLE OF LEARNING AND DEVELOPMENT (Write in		ATTENDANCE (mm/dd/yyyy)		NUMBER OF HOURS	( Managerial/ Supervisory/	CONDUCTED/ SPONSORED BY (Write in full)	
		From	То		Technical/etc)		
INFECTIOUS DISEASES SUMMIT 2017	4TH BIENNIAL CONFERENCE	8/30/2017	NA ·	8.0	renimiet ree	PHILIPPINE SOCIETY FOR MICROSIOLOGY AND INFECTIOUS ESSEASES CERU CHAPTER	
BASIC LIFE SUPPORT	(CPR AND AED)	11/29//17	11/30/2017	12.0		BASIC LIFESAVING SOLUTIONS	
ADVANCE CARDIAC L	IFE SUPPORT	11/30/2017	12/1/2018	12.0	el na le rons	BASIC LIFESAVING SOLUTIONS	
12TH CIM MEDICAL CONGRESS	TIME IS OF THE ESSENCE	12/4/2017	12/5/2017	16.0		CEBU INSTITUTE OF MEDICINE AND CIM ALUM ASSSOCITION	
INFUSION THERAPY F	OR CHILDREN	10/20/2018	NA	8.0	UC BOW BO IT	ANSAP LEYTE-SAMAR CHAPTER	
INFUSION NURSING: INFECTION P	REVENTION AND CONTROL	10/21/2018	NA	8.0	0.600030.5	ANSAP LEYTE-SAMAR CHAPTER	
PAIN AS THE 5TH VITAL SIGN: PAIN ASSE	- Minimon	SMOOD 10 P	EOPS HISDS	misch in Irleh Rig	THE FUEL TRANS SHIP SHALL BY HOW ONE		
[WER-06]	11/30/2018	NA	4.0		PNA NORTHWESTERN LEYTE CHAPTER		
"MENTORING PROCESS: A CRAFT EV	4.7	11/30/2018	NA	4.0		PNA NORTHWESTERN LEYTE CHAPTER	
13th Postgraduate Course	2/8/2019	NA NA	8.0	301) (303 t	Philippine College of Physicians Eastern Visayas Chapte		
rientation on the Clinical Practice Guidelines for the Diag Japonicum Info	3/4/2019	3/5/2019	16.0	C.	BayBay City Health office		
Orientation on Measles Outbreak Response arr	3/19/2019	3/20/2019	12.0		Department of Health - Eastern Visayas Center for Health Development		
Meeting with Level II Hospiital / Infirmary Medical Chi Prov. Administrative Officers & Prov. Health Offices		6/17/2019	6/18/2019	12.0		Department of Health - Eastern Visayas Center for Health Development	
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AND THE PROPERTY OF THE PROPER	(Co	ntinue on separate	sheet if necessar	y)			
III. OTHER INFORMATION							
31. SPECIAL SKILLS and HOBBIES	NON-ACADEMIC DISTINCTIONS / RECOGNITION (Write in full)				33. MEMBERSHIP IN ASSOCIATION/ORGANIZATIO (Write in full)		
Dancing	CEBU DOCTORS' UNIVERSITY COLLEGE OF NURSING DANCETEAM MEMBER					LAETARE CHANTERS	
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VI. VOLUNTARY WORK OR INVOLVEMENT IN CIVIC / NO COVERNMENT / PEOPLE / VOLUNTARY ORGANIZATION/S

Bureau or Department where you will be apppoled, a. within the third degree? b. within the fourth degree (for Local Government Unit - Career Employees)?  a. Have you ever been found guilty of any administrative offense?	☐ YES ☑ NO ☐ YES ☑ NO If YES, give details:				
b. within the fourth degree (for Local Government Unit - Career Employees)?	YES NO				
a. Have you ever been found guilty of any administrative offense?	If YES, give details:				
a. Have you ever been found guilty of any administrative offense?	· ·				
	YES V NO				
	If YES, give details:				
b. Have you been criminally charged before any court?	☐ YES ☑ NO If YES, give details:				
	Date Filed:				
	Status of Case/s:				
Have you ever been convicted of any crime or violation of any law, decree, ordinance or regulation by any court or tribunal?	☐ YES ☑ NO If YES, give details:				
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?	☐ YES ☑ NO If YES, give details:				
a. Have you ever been a candidate in a national or local election held within the last year (except Barangay election)?	☐ YES ☑ NO If YES, give details:				
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?	☐ YES · ☑ NO If YES, give details:				
Have you acquired the status of an immigrant or permanent resident of another country?	☐ YES ☑ NO If YES, give details (country):				
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:	1.0 Postgraževa Couver umerževa one				
Are you a member of any indigenous group?	☐ YES ☑ NO If YES, please specify:				
Are you a person with disability?	☐ YES ☑ 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 /appointee)					
NAME ADDRESS	TEL. NO.				
JAN ANA B. MASENDO GUADALUPE, BAYBAY	9171080150 ID picture taken within the last 6 months				
CINDY R. FRUTO VSU, VISCA, BAYBAY	9178919213				
DR. ELWIN JAY V. YU VSU, VISCA, BAYBAY	9357882192				
I declare under oath that I have personally accomplished this Personal Data Sheet which is a tricomplete statement pursuant to the provisions of pertinent laws, rules and regulations of the I Philippines. I authorize the agency head/authorized representative to verify/validate the contents state agree that any misrepresentation made in this document and its attachments shall cause administrative/criminal case/s against me.	Republic of the ed herein.				
Covernment Issued ID (i.e. Passport, GSIS, SSS, PRC, Driver's License, etc.)  PLEASE INDICATE ID Number and Date of Issuance	arie State of the process				
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June 19,2019  Date Accomplished	32 SOURCE ST				
SUBSCRIBED AND SWORN to before me this, affiant exhibiting, affiant exhibiting,	ng his/her validly issued government ID as indicated above.				
ATTY. RYSO C. GUINOCOR	39/19/19/2				
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## **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 know, month in abbreviated form, if known and year full. For the current position, use the Present, e.g. 1998-Present. Work experience should be listed starting with the most recent/present employment.

Duration: August 16, 2017 - present

Position: Nursing Atttendant I

Name of Office/Unit: VSU INFIRMARY Immediate Supervisor: Dr. Elwin Jay V. Yu

Summary of Actual Duties

- \* Assist in the Annual Physical/Medical Examinations for Students & Employees
- Assist in OPD/ER consultations
- \* Checks and charts vital signs
- \* Identifies needs of patients
- \* Gives nursing care to patients
- \* Prepares beds and sterilizes dressing supplies
- \* Participate and helps in the implementation of school health programs through education, information and dissemination

LADY MAY C. FAELNAR
(Signature over Printed Name of Employee/Applicant)

Date: \_ 6/19/19

The curetion should include start and unish dates, if know, month in abrreviated form walk expendence a duic be listed and include most recentionesells equal tyment

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