

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	TORING			
FIRST NAME	PRINCE JAPRED		NAME EXTENSION (JR., SR)	N/A
MIDDLE NAME	PARAISO			
3. DATE OF BIRTH (mm/dd/yyyy)	03/03/1989	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	BAYBAY LEYTE (WLPH)	If holder of dual citizenship, please indicate the details.		
5. SEX	<input checked="" type="checkbox"/> Male <input 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	N/A	
7. HEIGHT (m)	1.62		N/A	
8. WEIGHT (kg)	74	ZIP CODE	6521	
9. BLOOD TYPE	A(+)	18. PERMANENT ADDRESS	N/A	
10. GSIS ID NO.	2005694309		N/A	
11. PAG-IBIG ID NO.	1212-1678-7689		N/A	
12. PHILHEALTH NO.	13-025267022-0	ZIP CODE	6521	
13. SSS NO.	N/A	19. TELEPHONE NO.	N/A	
14. TIN NO.	400-996-151-000	20. MOBILE NO.	0929-618-0330	
15. AGENCY EMPLOYEE NO.	N/A	21. E-MAIL ADDRESS (if any)	pitoring@gmail.com	

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	TORING			
FIRST NAME	SAMUEL	NAME EXTENSION (JR., SR)		
MIDDLE NAME	TAYABAS			
25. MOTHER'S MAIDEN NAME	LYDIA GRANADA PARAISO (DECEASED)			
SURNAME	PARAISO			
FIRST NAME	LYDIA			
MIDDLE NAME	GRANADA			

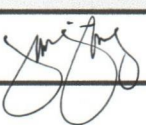
(Continue on separate sheet if necessary)

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	HIPUSNGO ELEMENTARY SCHOOL	PRIMARY	01/06/1995	01/03/2001	N/A	2001	N/A
SECONDARY	FRANCISCAN COLLEGE OF THE IMMACULATE CONCEPCION	HIGH SCHOOL	01/06/2001	3/192005	N/A	2005	N/A
VOCATIONAL / TRADE COURSE	N/A	N/A	N/A	N/A	N/A	N/A	N/A
COLLEGE	SAN LORENZO RUIZ COLLEGE	BACHELOR OF SCIENCE IN NURSING	01/06/2005	19/03/2009	N/A	2009	N/A
GRADUATE STUDIES	SOUTHWESTERN UNIVERSITY	MASTERS OF PUBLIC HEALTH	04/01/2015	-	33 units	N/A	N/A

(Continue on separate sheet if necessary)

SIGNATURE		DATE	January 3, 2023
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IV. CIVIL SERVICE ELIGIBILITY								
27.	CAREER SERVICE/ RA 1080 (BOARD/ BAR) UNDER SPECIAL LAWS/ CES/ CSEE BARANGAY ELIGIBILITY / DRIVER'S LICENSE		RATING (If Applicable)	DATE OF EXAMINATION / CONFERMENT	PLACE OF EXAMINATION / CONFERMENT	LICENSE (if applicable)		
						NUMBER	Date of Validity	
	RA 1080 / NURSING LICENSURE EXAMINATION		78.8	JUNE 6&7, 2009	PALO LEYTE	0587118	03/03/2024	
(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.								
28.	INCLUSIVE DATES (mm/dd/yyyy)		POSITION TITLE (Write in full/Do not abbreviate)	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	To						
	1/10/2022	12/31/2022	NURSE II	DEPARTMENT OF HEALTH-EASTERN VISAYAS CENTER FOR HEALTH DEVELOPMENT	PHP 38,150.00	SG 16	CONTRACTUAL	Y
	1/18/2021	12/31/2021	NURSE 1	DEPARTMENT OF HEALTH-EASTERN VISAYAS CENTER FOR HEALTH DEVELOPMENT	PHP 33,575.00	SG 15	CONTRACTUAL	Y
	2/20/2020	12/31/2020	NURSE II	DEPARTMENT OF HEALTH-EASTERN VISAYAS CENTER FOR HEALTH DEVELOPMENT	PHP 32,053.00	SG 15	CONTRACTUAL	Y
	7/16/2019	12/31/2019	NURSE II	DEPARTMENT OF HEALTH-EASTERN VISAYAS CENTER FOR HEALTH DEVELOPMENT	PHP 30,531.00	SG 15	CONTRACTUAL	Y
	6/17/2019	7/15/2019	NURSE DEPLOYMENT PROGRAM (NURSE)	DEPARTMENT OF HEALTH - REGION VIII	PHP 31, 760.00	SG 15	CONTRACT OF SERVICE	Y
	1/15/2018	12/31/2018	NURSE DEPLOYMENT PROGRAM (NURSE)	DEPARTMENT OF HEALTH - REGION VIII	PHP 31,760.00	SG 15	CONTRACT OF SERVICE	Y
	01/11/2016	12/31/2017	NURSE DEPLOYMENT PROGRAM (NURSE)	DEPARTMENT OF HEALTH - REGION VIII	PHP 26,878.00	SG 16	CONTRACT OF SERVICE	Y
	1/23/2014	12/31/2015	NURSE DEPLOYMENT PROGRAM (NURSE)	DEPARTMENT OF HEALTH - REGION VIII	PHP 18,549.00	SG 11	CONTRACT OF SERVICE	Y
	02/12/2012	3/28/2013	RN HEALS (NURSE)	DEPARTMENT OF HEALTH - REGION VIII	PHP 8,000.00	STIPEND	CONTRACT OF SERVICE	Y
(Continue on separate sheet if necessary)								
SIGNATURE				DATE		January 3, 2023		

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		
	WESTERN LEYTE PROVINCIAL HOSPITAL	09/01/2009	03/31/2010	960	VOLUNTEER NURSE
	OSPA FARMERS' MEDICAL CENTER	08/23/2010	03/02/2011	960	VOLUNTEER NURSE

(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			
	ORIENTATION ON UNIVERSAL HEALTH CARE LAW	07/01/2022	07/01/2022	2	INSTRUCTIONAL	DEPARTMENT OF HEALTH
	DOH PRIMARY CARE WORKERS' ONLINE ORIENTATION	07/01/2022	07/01/2022	2	INSTRUCTIONAL	DEPARTMENT OF HEALTH
	HIPAA AWARENESS FOR HEALTHCARE PROVIDERS	11/16/2021	11/16/2021	8	TECHNICAL	HELLO RACHE
	PHILIPPINE INTEGRATED MANAGEMENT OF ACUTE MALNUTRITION (PIMAM) TRAINING	12/11/2018	12/13/2018	24	TECHNICAL	DEPARTMENT OF HEALTH
	COMMUNITY BASED TRAINING FOR OPLAN-SAGIP AND SUBSTANCE-USE BRAIN INJURY (SUBI) BRIDGING PROGRAM	01/16/2018	01/17/2018	16	TECHNICAL	DEPARTMENT OF HEALTH
	REGIONAL TRAINING OF TRAINERS ON THE EARLY CHILDHOOD CARE AND DEVELOPMENT IN THE FIRST 1000 DAYS PROGRAM (Phase II)	11/13/2017	11/17/2017	40	TECHNICAL	NATIONAL NUTRTION COUNCIL
	FAMILY PLANNING COMPETENCY TRAINING I	08/15/2016	08/19/2016	40	TECHNICAL	DEPARTMENT OF HEALTH
	INTERPERSONAL COMMUNICATION AND COUNSELLING FOR HEALTH CARE PROVIDERS	11/10/2015	11/11/2015	16	TECHNICAL	DEPARTMENT OF HEALTH
	HEALTH EMERGENCY MANAGEMENT STAFF TRAINING	08/26/2015	08/28/2015	24	TECHNICAL	DEPARTMENT OF HEALTH
	BASIC LIFE SUPPORT TRAINING FOR HEALTH CARE PROVIDERS	07/08/2015	07/10/2015	24	TECHNICAL	DEPARTMENT OF HEALTH
	REVISED CHT GUIDE AND TOOLS	08/25/2014	08/26/2014	16	TECHNICAL	DEPARTMENT OF HEALTH

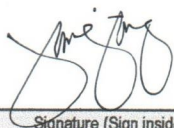
(Continue on separate sheet if necessary)

VIII. OTHER INFORMATION

31.	SPECIAL SKILLS and HOBBIES	32.	NON-ACADEMIC DISTINCTIONS / RECOGNITION (Write in full)	33.	MEMBERSHIP IN ASSOCIATION/ORGANIZATION (Write in full)
	PROFICIENT IN MS OFFICE APPLICATION (MS EXCEL, POWERPOINT, WORD)		RECOGNITION AND APPRECIATION FOR 10 YEARS OF ONGOING COMMITMENT AND DEDICATED SERVICE		PHILIPPINE NURSES ASSOCIATION
	DATA ANALYSIS (SPSS, PSPIRE)		AWARD AS BEST MALE DOH- NDP 2015 IN CITY HEALTH OFFICE BAYBAY		NATIONAL LEAGUE OF PHILIPPINE GOVERNMENT NURSES
			FACILITATORS DURING THE TRAINING OF BRGY IMPLEMENTERS ON ECCD ON THE FIRST 1000 DAYS PROGRAM		SOCIETY OF COMMUNICATORS AND NETWORKERS INTERNATIONAL
			OUTSTANDING PERFORMANCE IN NURSING THEORY		BAYBAY TENNIS CLUB

(Continue on separate sheet if necessary)

SIGNATURE		DATE	January 3, 2023
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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 checked="" type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>If YES, give details: _____</p> <p style="text-align: right;">END OF TERM</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 type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>If YES, please specify ID No: _____</p>												
<p>41. REFERENCES (Person not related by consanguinity or affinity to applicant /appointee)</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 35%;">NAME</th> <th style="width: 35%;">ADDRESS</th> <th style="width: 30%;">TEL. NO.</th> </tr> </thead> <tbody> <tr> <td>ANTONIO O. IDA</td> <td>PDOH OFFICE BRGY. NAGANAGA PALO LEYTE</td> <td>0917-506-7077</td> </tr> <tr> <td>SUZETTE B. ARCILLAS, RN</td> <td>PDOH OFFICE BRGY. NAGANAGA PALO LEYTE</td> <td>0925-502-8444</td> </tr> <tr> <td>JESICA M. MENDO</td> <td>BRGY. TAGAK, CARMONA</td> <td>0937191212</td> </tr> </tbody> </table>		NAME	ADDRESS	TEL. NO.	ANTONIO O. IDA	PDOH OFFICE BRGY. NAGANAGA PALO LEYTE	0917-506-7077	SUZETTE B. ARCILLAS, RN	PDOH OFFICE BRGY. NAGANAGA PALO LEYTE	0925-502-8444	JESICA M. MENDO	BRGY. TAGAK, CARMONA	0937191212
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JESICA M. MENDO	BRGY. TAGAK, CARMONA	0937191212											
<p>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.</p>													
<p>Government Issued ID (i.e. Passport, GSIS, SSS, PRC, Driver's License, etc.)</p> <p>PLEASE INDICATE ID Number and Date of Issuance</p> <p>Government Issued ID: PRC</p> <p>ID/License/Passport No.: 0587118</p> <p>Date/Place of Issuance: 10/22/2009 PRC TACLOBAN</p>	<p style="text-align: center;">  Signature (Sign inside the box) January 3, 2023 Date Accomplished </p>												
<p>SUBSCRIBED AND SWORN to before me this JAN 04 2023, affiant exhibiting his/her validly issued government ID as indicated above.</p> <div style="display: flex; justify-content: space-between; align-items: center;"> <div style="width: 30%;"> <p>Doc. No. 14</p> <p>Page No. 2</p> <p>Book No. 14</p> <p>Series of 20</p> </div> <div style="width: 60%; text-align: center;"> <p>ATTY. EDEN B. CHAVEZ-SUTAWAN Notary Public for the Province of Leyte, City of Baybay N.C. No. B-22-06-06, July 5, 2022 Until December 31, 2023 12 Magsaysay Avenue, Baybay City, Leyte Person Administering Oath 03/22 IBP No. 183267-0103/22 TIN No. 207-628-028 R-1 No. 42301 PRC No. VII-0008583</p> </div> </div>													