

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 () () 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	PAPONG		
FIRST NAME	CONCEPCION	NAME EXTENSION (JR., SR) N/A	
MIDDLE NAME	APAS		
3. DATE OF BIRTH (mm/dd/yyyy)	12/07/1975	16. CITIZENSHIP	<input 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	Tudela, Camotes Cebu	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 type="checkbox"/> Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Separated <input type="checkbox"/> Other/s:	17. RESIDENTIAL ADDRESS	Block 2/Lot 3 N/A House/Block/Lot No. Street P & Q Subdivision Cogon Subdivision/Village Barangay Baybay Leyte City/Municipality Province
7. HEIGHT (m)	1.57	ZIP CODE	
8. WEIGHT (kg)	75		
9. BLOOD TYPE	AB+	18. PERMANENT ADDRESS	Block 2/Lot 3 N/A House/Block/Lot No. Street P & Q Subdivision Cogon Subdivision/Village Barangay Baybay Leyte City/Municipality Province
10. GSIS ID NO.	N/A	ZIP CODE	6521
11. PAG-IBIG ID NO.	121016152839		
12. PHILHEALTH NO.	020505395582	19. TELEPHONE NO.	N/A
13. SSS NO.	06119859176	20. MOBILE NO.	03959320276/09263177575
14. TIN NO.	286067912000	21. E-MAIL ADDRESS (if any)	cpapong55@gmail.com
15. AGENCY EMPLOYEE NO.	N/A		

II. FAMILY BACKGROUND

22. SPOUSE'S SURNAME	Papong		23. NAME of CHILDREN (Write full name and list all)	DATE OF BIRTH (mm/dd/yyyy)
FIRST NAME	Joergen	NAME EXTENSION (JR., SR) N/A	Jeoff Apas Papong	01/05/2005
MIDDLE NAME	Pablo			
OCCUPATION	Chief Engineer(OFW)			
EMPLOYER/BUSINESS NAME	Splash Philippines, Inc.			
BUSINESS ADDRESS	Pasay City, Philippines			
TELEPHONE NO.	9770978564			
24. FATHER'S SURNAME	Apas			
FIRST NAME	Leonardo	NAME EXTENSION (JR., SR) N/A		
MIDDLE NAME	Solante			
25. MOTHER'S MAIDEN NAME				
SURNAME	Concoles			
FIRST NAME	Zenaida			
MIDDLE NAME	Lanugan			

(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	Calmante, EleMENTARY School	Primary	06/10/1983	03/20/1989	Graduate	1989	N/A
SECONDARY	University of the Visayas	Secondary	06/08/1989	03/18/1993	Graduate	1993	N/A
VOCATIONAL / TRADE COURSE	N/A	N/A	N/A	N/A	N/A	N/A	N/A
COLLEGE	University of the Visayas	Bachelor of Science in Nursing	06/08/1997	03/18/2000	Graduate	2000	N/A
GRADUATE STUDIES	University of San Carlos	Master of Arts in Nursing Major in Clinical Supervision	06/13/2012	03/21/2013	Graduate	2013	N/A

SIGNATURE		DATE	January 27, 2023
-----------	--	------	------------------

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
	PNLE	75.0	12/01/2000	Metro Manila	0339705 12/07/2025
	PMLE	80.0	11/23/2018	Metro Manila	017667 12/07/2025
	Driver's license	78.0		Baybay City, Leyte	H12-13-000695 12/07/2023

V. WORK EXPERIENCE

[illegible]

SIGNATURE		DATE		January 27, 2023
-----------	---	------	--	------------------

[illegible]

(Continue on separate sheet if necessary)

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


[illegible]



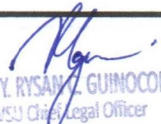
(Continue on separate sheet if necessary)

VIII. OTHER INFORMATION

31. SPECIAL SKILLS and HOBBIES	32. NON-ACADEMIC DISTINCTIONS / RECOGNITION (Write in full)	33. MEMBERSHIP IN ASSOCIATION/ORGANIZATION (Write in full)
Singing	Order of Franciscan Secular	Philippine Nurses Association
Acting	2013	Integrated Midwives Association of the Philippines

(Continue on separate sheet if necessary)

(Continue on separate sheet if necessary)			
SIGNATURE		DATE	January 27, 2023

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)?		<div><input type="checkbox"/> YES<input checked="" type="checkbox"/> NO</div> <div><input type="checkbox"/> YES<input type="checkbox"/> NO</div> <div>If YES, give details: _____</div>												
35. a. Have you ever been found guilty of any administrative offense? b. Have you been criminally charged before any court?		<div><input type="checkbox"/> YES<input checked="" type="checkbox"/> NO</div> <div>If YES, give details: _____</div> <div><input type="checkbox"/> YES<input checked="" type="checkbox"/> NO</div> <div>If YES, give details: Date Filed: _____ Status of Case/s: _____</div>												
36. Have you ever been convicted of any crime or violation of any law, decree, ordinance or regulation by any court or tribunal?		<div><input type="checkbox"/> YES<input checked="" type="checkbox"/> NO</div> <div>If YES, give details: _____</div>												
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?		<div><input checked="" type="checkbox"/> YES<input type="checkbox"/> NO</div> <div>If YES, give details: _____resignation_____</div>												
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?		<div><input type="checkbox"/> YES<input checked="" type="checkbox"/> NO</div> <div>If YES, give details: _____</div> <div><input type="checkbox"/> YES<input checked="" type="checkbox"/> NO</div> <div>If YES, give details: _____</div>												
39. Have you acquired the status of an immigrant or permanent resident of another country?		<div><input type="checkbox"/> YES<input checked="" type="checkbox"/> NO</div> <div>If YES, give details (country): _____</div>												
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?		<div><input type="checkbox"/> YES<input checked="" type="checkbox"/> NO</div> <div>If YES, please specify: _____</div> <div><input type="checkbox"/> YES<input checked="" type="checkbox"/> NO</div> <div>If YES, please specify ID No: _____</div> <div><input type="checkbox"/> YES<input checked="" type="checkbox"/> NO</div> <div>If YES, please specify ID No: _____</div>												
41. REFERENCES (Person not related by consanguinity or affinity to applicant /appointee)														
<table><tr><td>NAME</td><td>ADDRESS</td><td>TEL. NO.</td></tr><tr><td>Diogracias Pernitez</td><td>30 de Diciembre St. Baybay City</td><td>9267993820</td></tr><tr><td>Amelito Borneo</td><td>Bonifacio St. Baybay City</td><td>9365483620</td></tr><tr><td>Jesusa M. Magno</td><td>Tagak Carigara , Leyte</td><td>9357912182</td></tr></table>			NAME	ADDRESS	TEL. NO.	Diogracias Pernitez	30 de Diciembre St. Baybay City	9267993820	Amelito Borneo	Bonifacio St. Baybay City	9365483620	Jesusa M. Magno	Tagak Carigara , Leyte	9357912182
NAME	ADDRESS	TEL. NO.												
Diogracias Pernitez	30 de Diciembre St. Baybay City	9267993820												
Amelito Borneo	Bonifacio St. Baybay City	9365483620												
Jesusa M. Magno	Tagak Carigara , Leyte	9357912182												
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: PRC</div> <div>ID/License/Passport No.: 0339705</div> <div>Date/Place of Issuance: 3/2001/Metro Manila</div>		<div> Signature (Sign inside the box)</div> <div>_____ Date Accomplished</div>												
		<div> Right Thumbmark</div>												
SUBSCRIBED AND SWORN to before me this 13 MAR 2023, affiant exhibiting his/her validly issued government ID as indicated above.														
<div> ATTY. RYSAN L. GUINOCOR VSU Chief Legal Officer</div> <div>_____ Person Administering Oath</div>														



PAPONG, CONCEPCION A.

PHOTO



Right Thumbmark

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: Present
- Position: Clinical Instructor
- Name of Office/Unit: College of Nursing
- Immediate Supervisor: President Edgardo Tulin
- Name of Agency/Organization and location: Visayas State University, Baybay City, Leyte
 - List of accomplishments and Contribution:
 - Healthcare Services NC 11
 - Trained First Aid Rescuer

- Duration: June 2, 2015 – May 30, 2021
- Position: Dean , College of Midwifery
- Name of Office/Unit: Paramedical Department
- Immediate Supervisor: Sister M. Maribel Piangco, OSF
- Name of Agency/Organization and Location: Franciscan College of the Immaculate Conception, Baybay City, Leyte
 - List of Accomplishments and Contributions (if any)
Health Care Services NC 11
Trained First Aid Rescuer
 - Summary of Actual Duties
Administrative duties

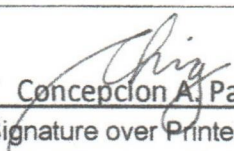
- Duration: June 5, 2013 - 2015
- Position: Clinical Instructor
- Name of Office/Unit: Paramedical Department
- Immediate Supervisor: Sister M. Maribel Piangco, OSF
- Name of Agency/Organization and Location: Franciscan College of the Immaculate Conception, Baybay City, Leyte
 - List of Accomplishments and Contributions (if any)
Health Care Services NC 11
Trained First Aid Rescuer
 - Summary of Actual Duties
Classroom and Clinical Instructor
Club Moderator

- Duration: June 2, 2011 – May 30, 2013
- Position: School Nurse
- Name of Office/Unit: Health Services Department
- Immediate Supervisor: Sister M. Maribel Piangco, OSF
- Name of Agency/Organization and Location: Franciscan College of the Immaculate Conception, Baybay City, Leyte
 - List of Accomplishments and Contributions (if any)
Trained First Aid Rescuer
 - Summary of Actual Duties
Responsible for the maintenance of a quality healthcare for the school population.

- Duration: 7/3/2008 – 4/15/2010
- Position: Assessment Nurse
- Name of Office/Unit: Medical Procedure Department
- Immediate Supervisor: Dr. Pasqualito Gutay
- Name of Agency/Organization and Location: Super Care Medical Services, Cebu City
 - List of Accomplishments and Contributions (if any)

Trained ECG and Audiometry Technician

- Summary of Actual Duties
Medical procedure nurse
- Duration: 8/3/2005 – 3/30/2008
- Position: Staff Nurse
- Name of Office/Unit: Medical Procedure Department
- Immediate Supervisor: Dr. Reynaldo Salinel
- Name of Agency/Organization and Location: St. Magdalene Medical Clinic
- List of Accomplishments and Contributions (if any)
Trained ECG, 2D-Echo and Stress Test Technician
- Summary of Actual Duties
Medical procedure nurse


Concepcion A. Papong

(Signature over Printed Name
of Employee/Applicant)

Date: 1/27/20