## **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.

FIRST NAME  MIDDLE NAME  Z  MIDDLE NAME  Z  3. DATE OF BIRTH (mm/dd/yyyy)  4. PLACE OF BIRTH  5. SEX  6 CIVIL STATUS  7. HEIGHT (m)  8. WEIGHT (kg)  9. BLOOD TYPE  10. GSIS ID NO.  11. PAG-IBIG ID NO.  11. PAG-IBIG ID NO.  12. PHILHEALTH NO.  13. SSS NO.  N  N  N  N  N  N  SSS NO.  N  N  SSS NO.  N  N  N  SSS NO.  N  SSS NO.  N  N  SSS NO.  N  N  SSS NO.  SSS NO.  N  SSS NO.  SSS N	COMPENDIO  CARLIN JECEL  CARATE  MARCH 29, 1991  BRGY. CONCEPCION, HILONGOS LEYTE  Male  Female  Single  Married  Widowed  Other/s:  1.50 M  73kgs  O+  N/A  1210-8644-5818  12-051-204-116-2  N/A  314-886-995-000	16. CITIZENSHIP  If holder of dual citize please indicate the d  17. RESIDENTIAL ADDRESS  ZIP CODE  18. PERMANENT ADDRESS  ZIP CODE  19. TELEPHONE NO.	Hou Su Hou Su	Jes/Block/Lot No. bdivision/village Baybay City ity/Municipality use/Block/Lot No. bdivision/village Baybay City		Dual Citizenship  J by birth  Pls. indicate co	by naturalize buntry:  Streef Marcos Barangay Leyte Province  Street Marcos	ation
FIRST NAME  MIDDLE NAME  Z  MIDDLE NAME  Z  3. DATE OF BIRTH (mm/dd/yyyy)  4. PLACE OF BIRTH  5. SEX  6 CIVIL STATUS  7. HEIGHT (m)  8. WEIGHT (kg)  9. BLOOD TYPE  10. GSIS ID NO.  11. PAG-IBIG ID NO.  12. PHILHEALTH NO.  13. SSS NO.  N  4. TIN NO.  3.  3. AGENCY EMPLOYEE NO.  N  IJ. FAMILY BACKGROUND  22. SPOUSE'S SURNAME  FIRST NAME	MARCH 29, 1991  BRGY. CONCEPCION, HILONGOS LEYTE  Male  Female  Single  Married  Widowed  Other/s:  1.50 M  73kgs  O+  N/A  1210-8644-5818	If holder of dual citize please indicate the d  17. RESIDENTIAL ADDRESS  ZIP CODE  18. PERMANENT ADDRESS  ZIP CODE	Hou Su Hou Su	use/Block/Lot No. bdivision/village Baybay City ity/Municipality use/Block/Lot No. bdivision/village Baybay City		Dual Citizenship  by birth  Pls. indicate co	by naturalize buntry:  Streef Marcos Barangay Leyte Province  Street Marcos	eation
MIDDLE NAME  3. DATE OF BIRTH (mm/dd/yyyy)  4. PLACE OF BIRTH 5. SEX 6 CIVIL STATUS  7. HEIGHT (m) 8. WEIGHT (kg) 9. BLOOD TYPE 10. GSIS ID NO. 11. PAG-IBIG ID NO. 12. PHILHEALTH NO. 13. SSS NO. 14. TIN NO. 15. AGENCY EMPLOYEE NO. 16. FAMILY BACKGROUND 17. PAG-IBIG SURNAME 18. FIRST NAME	MARCH 29, 1991  BRGY. CONCEPCION, HILONGOS LEYTE  Male Female Female Single Married Separated Other/s:  1.50 M  73kgs  O+  N/A  1210-8644-5818  12-051-204-116-2  N/A  314-886-995-000	If holder of dual citize please indicate the d  17. RESIDENTIAL ADDRESS  ZIP CODE  18. PERMANENT ADDRESS  ZIP CODE	Hou Su Hou Su	use/Block/Lot No. bdivision/village Baybay City ity/Municipality use/Block/Lot No. bdivision/village Baybay City	0	by birth [Pls. indicate co	Street Marcos Barangay Leyte Province Street Marcos	eation
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13. SSS NO. N 4. TIN NO. 3 5. AGENCY EMPLOYEE NO. N 1. FAMILY BACKGROUND 22. SPOUSE'S SURNAME FIRST NAME	N/A 314-886-995-000		1	City/Municipality			Leyte Province	
4. TIN NO. 3 5. AGENCY EMPLOYEE NO. N I. FAMILY BACKGROUND 22. SPOUSE'S SURNAME FIRST NAME	314-886-995-000	19. TELEPHONE NO.		6524				
15. AGENCY EMPLOYEE NO. N.  II. FAMILY BACKGROUND  22. SPOUSE'S SURNAME  FIRST NAME			N/A		N/A			
1. FAMILY BACKGROUND 2. SPOUSE'S SURNAME FIRST NAME		20. MOBILE NO.		09199063657				
22. SPOUSE'S SURNAME FIRST NAME	WAR VOJIOT	21. E-MAIL ADDRESS (if any) zarlin.comper		ndio@vsu.ed	lu.ph			
22. SPOUSE'S SURNAME FIRST NAME	1							
The state of the s					DATE OF BIRTI	H (mm/dd/yyy		
.upple.uur	N/A	NAME EXTENSION (JR., SR)	ZACHARY VIE CHESTER C. VEGA		and the same of th	09/09/2011		
MIDDLE NAME	N/A		ZEUS VIE ELIJAH C. VEO		GA 08/23/20		/2019	
OCCUPATION	N/A							
EMPLOYER/BUSINESS NAME	N/A	A STATE OF THE STA						
BUSINESS ADDRESS	N/A							
TELEPHONE NO.	N/A					100		
24. FATHER'S SURNAME	COMPENDIO							
FIRST NAME	CELSON	NAME EXTENSION (JR., SR)						
MIDDLE NAME	PAYOT			Section Michigan	· · · · · · · · · · · · · · · · · · ·			
25. MOTHER'S MAIDEN NAME	ELVIRA LINA ZARA	ATE	1 1 1					
SURNAME	COMPENDIO							
FIRST NAME	ELVIRA							
MIDDLE NAME	ZARATE		(Continue on separate sheet if necessary)					
III. EDUCATIONAL BACKGR	ROUND	The state of the s						SCHOLARSH
26. LEVEL	NAME OF SCHOOL (Write in full)	BASIC EDUCATION/DEGF (Write in full)	REE/COURSE	PERIOD OF A	TTENDANCE	HIGHEST LEVEL/ UNITS EARNED (if not graduated)	YEAR GRADUATED	ACADEMIC HONORS RECEIVED
ELEMENTARY	INOPACAN CENTRAL SCHOOL	PRIMARY EDUCATION		01/06/1997	01/03/2003	N/A	2003	N/A
SECONDARY	HILONGOS NATIONAL VOCATIONAL SCHOOL SECONDAR		1	01/06/2003	01/03/2007	N/A	2007	N/A
VOCATIONAL / TRADE COURSE	N/A	N/A		N/A	N/A	N/A	N/A	N/A
COLLEGE	VISAYAS STATE UNIVERSITY	BACHELOR OF SCIENCE	IN NURSING	01/06/2007	31/05/2011	N/A	2011	N/A
GRADUATE STUDIES	N/A	N/A	u one.	N/A	N/A	N/A	N/A	N/A
SIGNATURE	$\Lambda_{\ell}$	(Continue on separate sheet if ne	cessary)	DA		11-4-	On 0 1	iu senu

	/IL SERVICE ELIC							LICENSE (if a	analiaabla)
27.	SPECIAL L	A 1080 (BOARD/BAR) UNDER AWS/CES/CSEE ILITY / DRIVER'S LICENSE	RATING (If Applicable)	DATE OF EXAMINATION / CONFERMENT	PLACE OF EXAMINAT	ION / CONFERMENT		NUMBER	Date of Validity
	PHILIPPINE NURS	SES ASSOCIATION	N/A	N/A	TACLOBAN	CITY, LEYTE		0799872	29/03/2026
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	N. 10 P. 10			AUGSA		3-64			
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				78,1 (2-10)4-26, 2 1 1 1 1					
			(Contin	ue on separate sheet if	necessary)				
	RK EXPERIENCE private employme	≣ ent. Start from your recent	work) Description (	of duties should be	ndicated in the attached	l Work Expe	rience sheet.		
28.	INCLUSIVE DATES (mm/dd/yyyy)	POSITION T			NCY / OFFICE / COMPANY	MONTHLY	SALARY/ JOB/ PAY GRADE (if applicable)&	STATUS OF	GOV'T SERVICE
Froi	m To	(Write in full/Do not	abbreviate)			SALARY	STEP (Format "00-0")/ INCREMENT	APPOINTMENT	(Y/N)
2013	2017	TECHNICAL SUPPORT F	REPRESENTATIVE	CONVERGY INCOR	16000.00	N/A	REGULAR	N	
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S	IGNATURE				DATE		11-4-2	24	

# YOLUNTARY WORK OR INVOLVEMENT IN CIVIC / NON-GOVERNME	ENT / PEOPLE	/ VOLUNTAR	RY ORGAN	IIZATION/S			
29. NAME & ADDRESS OF ORGANIZATION (Write in full)		/E DATES d/yyyy) To	NUMBER OF HOURS	MATERIAL STATES	POSITION / NATURE OF WORK		
TAU OMEGA MU-MEDICAL MISSION IN SOUTHERN LEYTE		14/10/2024	48.0	NURSE - MEDICAL TEAM			
/SU MEDICAL MISSION -ABUYOG LEYTE		2022 8.0		NURSE			
		Foat			ta lo plicy talori Agad rovewer, ever is		
(Continuous) VII. LEARNING AND DEVELOPMENT (L&D) INTERVENTIONS/TRAINING Start from the most recent L&D/training program and include only the relevant L&D/training take		ATTENDED	on Chief/Exec	utive/Manageria	I positions)		
30. TITLE OF LEARNING AND DEVELOPMENT INTERVENTIONS/TRAINING PROGRAMS (Write in full)	INCLUSIVE DATES OF ATTENDANCE (mm/dd/yyyy) From To		NUMBER OF HOURS	Type of LD (Managerial/ Supervisory/ Technical/etc)	CONDUCTED/ SPONSORED BY (Write in full)		
PCOM Infectious Disease Prevention and Control in the Workplace	12/09/2024	12/09/2024	4	Technical	PCOM Eastern Visayas		
BASIC LIFE SUPPORT	22/05/2024	24/05/2024	12	Technical	DEPARTMENT OF HEALTH-REGION 8		
STANDARD FIRST AID	22/05/2024	24/05/2024	12	Technical	DEPARTMENT OF HEALTH-REGION 8		
n-House Seminar-Workshop on Basic Records and Archives Management (BRAM)				Technical	NATIONAL ARCHIVES OF THE PHILIPPINES		
Integrated Hospital Operation Management Program INTEGRATED HOSPITAL OPERATIONS AND MANAGEMENT INFORMATION SYSTEM	17/04/2024	and the Property of the State o	1.16.120	Technical	DEPARTMENT OF HEALTH-REGION 8		
PLUS (IHOMIS +)	10/04/2024	12/04/2024	-	Technical	DEPARTMENT OF HEALTH-REGION 8 DEPARTMENT OF HEALTH-ONLINE TRAINING		
BASIC COURSE ON CONTINUOS QUALITY IMPROVEMENT FOR HEALTH FACILITIES	16/10/2023	16/10/2023	2	Technical	PLATFORM  DEPARTMENT OF HEALTH-ONLINE TRAINING		
MENTAL HEALTH AND PSYCHOSOCIAL SUPPORT ONLINE TRAINING		16/10/2023	16	Technical	PLATFORM		
ORIENTATION ON CUSTOMER SERVICE AND WORK VALUES IN THE WORKPLACE	12/09/2023	13/09/2023		Technical	VISAYAS STATE UNIVERSITY - L&D		
ISO 9001:2015 Awareness/Re-awareness Seminar	29/08/2023	29/08/2023	3	Technical	VISAYAS STATE UNIVERSITY - QAC DEPARTMENT OF HEALTH-ONLINE TRAINING		
ONLINE COURSE ON HEALTHCARE WASTE MANAGEMENT	06/07/2023	06/07/2023	1	Technical	PLATFORM		
Leadership Course for Advanced Practice in Public Health Nursing FOUNDATIONAL COURSE ON ADOLESCENT HEALTH CARE FOR PRIMARY SERVICE	13/01/2023	24/02/2023	148	Supervisory	UNIVERSITY OF THE PHILIPPINES  DEPARTMENT OF HEALTH-ONLINE TRAINING		
PROVIDERS	24/10/2022	25/10/2022	16	Technical	PLATFORM		
ONLINE COURSE ON INFECTION PREVENTION AND CONTROL FOR COVID-19	15/09/2022	15/09/2022	1	Technical	DEPARTMENT OF HEALTH-ONLINE TRAINING PLATFORM		
BASIC COURSE ON CONTACT TRACING FOR COVID-19	15/09/2022	15/09/2022	2 2	Technical	DEPARTMENT OF HEALTH-ONLINE TRAINING PLATFORM		
SEMINAR-WORKSHOP ON AWARENESS AND COMPLIANCE TO REPUBLIC ACT 9470	30/08/2022	01/09/2022	12	Technical	DEPARTMENT OF HEALTH-ONLINE TRAINING PLATFORM		
HONING THE POTENTIAL OF FILIPINO NURSES IN BUILDING A BETTER HEALTHCARE SYSTEM	28/04/2022	29/04/2022	8	Technical	DEPARTMENT OF HEALTH-ONLINE TRAINING PLATFORM		
ADOLESCENT HEALTH EDUCATION AND PRACTICAL TRAINING (ADEPT)		02/04/2022	10	Technical	DEPARTMENT OF HEALTH-ONLINE TRAINING PLATFORM		
DEPARTMENT OF HEALTH PRIMARY CARE WORKERS ONLINE ORIENTATION	03-25-2022	08-25-2022	2	8 Technical	DEPARTMENT OF HEALTH-ONLINE TRAINING PLATFORM		
HIV TRAINING (PEER FACILITATOR)		01-21-2022	2 24	4 Technical	DEPARTMENT OF HEALTH-ONLINE TRAINING PLATFORM		
M2 DEFIBRILLATOR TRAINING		05-21-2021	1	3 Technical	ZOLL SOLL SOLL SOLL SOLL SOLL SOLL SOLL		
VIII. OTHER INFORMATION	inue on separate s	heet if necessary)					
NON-	ACADEMIC DISTIN		NITION	121400000000000000000000000000000000000	MEMBERSHIP IN ASSOCIATION/ORGANIZATION		
	32. (Write in full)  TOP AGENT - CONVERGYS PHILIPPINES				PHILIPPINE NURSES ASSOCIATION		
The state of the s	ENI - CONVER	UTO PRILIPPI	NEO		THE THE NOROES ASSOCIATION		
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GRAPHIC DESIGN		St. V.	<del>30</del> €	6			
(Control	tinué on separate s	sheet if necessary	)				
SIGNATURE	THE RESERVE THE PARTY OF THE PA			DATE	N-4- 2024		

34.	Are you related by consanguinity or affinity to the appointing chief of bureau or office or to the person who has immediate Bureau or Department where you will be apppointed,					
	a. within the third degree?	☐ YES ☑ NO				
	b. within the fourth degree (for Local Government Unit - Care	☐ YES ✓ NO				
			If YES, give details:			
35.	a. Have you ever been found guilty of any administrative offe	ense?	YES NO			
		If YES, give details:				
	b. Have you been criminally charged before any court?	☐ YES ☑ NO				
		If YES, give details:				
		Date Filed:				
. Sale	aalikki sulkulusti. Too oo oo gaareen kansel ta agaalo 100 km oo oo oo oo aaraanii sa oo oo aaraa magaboraa	Status of Case/s:				
36.	Have you ever been convicted of any crime or violation of ar by any court or tribunal?	YES V NO				
37.	Have you ever been separated from the service in any of the retirement, dropped from the rolls, dismissal, termination, en out (abolition) in the public or private sector?	☐ YES ☑ NO If YES, give details:				
38.	a. Have you ever been a candidate in a national or local electron Barangay election)?	☐ YES ☑ NO If YES, give details:				
	b. Have you resigned from the government service during th	e three (3)-month period before the	☐ YES ☐ NO			
	last election to promote/actively campaign for a national or lo	If YES, give details:				
39.	Have you acquired the status of an immigrant or permanent	☐ YES ☑ NO If YES, give details (country):				
40. a. b.	Pursuant to: (a) Indigenous People's Act (RA 8371); (b) Mag 7277); and (c) Solo Parents Welfare Act of 2000 (RA 8972), Are you a member of any indigenous group?  Are you a person with disability?	☐ YES				
	And the second of the second		If YES, please specify ID No:			
C.	Are you a solo parent?		☐ YES ☑ NO If YES, please specify ID No:			
41.	REFERENCES (Person not related by consanguinity or affinity to applicant	(appointed)				
	NAME	ADDRESS	TEL. NO.			
	JAN ANA SALAR, RN, USRN	QUEENS, NEWYORK, USA	9296674253			
1	FRANCE ALLAN CAVITE, RN, MAN, PHD	HINDANG LEYTE	9334654397			
	MARK ALVAREZ	CEBU CITY	9339288967			
42.	I declare under oath that I have personally accomplished complete statement pursuant to the provisions of pertiner Philippines. I authorize the agency head/authorized repres I agree that any misrepresentation made in this docu administrative/criminal case/s against me.	nt laws, rules and regulations of the sentative to verify/validate the content	Republic of the s stated herein.			
G	overnment Issued ID (i.e.Passport, GSIS, SSS, PRC, Driver's License, etc.)					
P	LEASE INDICATE ID Number and Date of Issuance	(//				
G	overnment Issued ID: PRC ID: 0799872					
ID	/License/Passport No.: P5050178C					
Da	ate/Place of Issuance: 19 AUG 2023/ DFA TACLOBAN	box)  Right Thumbmark				
	SUBSCRIBED AND SWORN to before me this 1.3 PST	Date Accomplished	NORMAL STATE OF THE STATE OF TH			
	SUBSCRIBED AND SWORN to before me this	ATTENNA GUNOCO	ng-his/her validly issued government ID as indicated above.			
		Person Administering Oa	th			

## **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: 2018-2024
- Position: Nurse (Job Order)
- Name of Office/Unit: Visayas State University Hospital
- Immediate Supervisor: Elwin Jay V. Yu, MD, MPH
- Name of Agency/Organization and Location: Visayas State University
  - List of Accomplishments and Contributions (if any)
    - a) COVID-19 Designated Nurse-in-Charge
    - b) Designated Infection Prevention and Control Nurse
    - c) Designated Compliance Officer for the Hospital Statutory Requirements Processing
    - d) OPD Nurse-in-Charge
    - e) Creation of Accomplishment and Annual Reports (VSU and DOH)
    - f) Designated Nurse-in-Charge for HIV and STI Program
    - g) Creation of the USHER Hospital Database (OPD, ER, WARD and Enrollment)
  - Summary of Actual Duties
    - a) Assists the physician in the examination and treatment of patient.
    - b) Administers prescribed medications to outpatients, dental and admitted patients.
    - c) Administers emergency and therapeutic measures to patient based on the VSU Hospital Operation Procedures.
    - d) Takes Vital Signs (Blood Pressure, Body Temperature, Respiratory Rate, Pulse Rate)
    - e) Provides good nursing care and necessary intervention to admitted patients.
    - f) Perform tasks related to provision of first aid and medics during sports events and social events.
    - g) Prepares and sterilizes medical supplies.
    - h) Files and updates patients' medical records.
    - i) Reports preparation: Accomplishment and Annual Report
    - j) Conduct patient for transport to other health facilities (referral);
    - k) Reports creation and submission to DOH for reportable cases like HIV and STI.
    - I) Perform other tasks as necessary and as deemed per assignment by Chief of Hospital

(Signature over Printed Name of Employee/Applicant)

Date: 11-72- 2024