

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 () ☐ if 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	COMPENDIO		
FIRST NAME	ZARLIN JECEL	NAME EXTENSION (JR., SR)	
MIDDLE NAME	ZARATE		
3. DATE OF BIRTH (mm/dd/yyyy)	MARCH 29, 1991	16. CITIZENSHIP	<input checked="" type="checkbox"/> Filipino <input type="checkbox"/> Dual Citizenship <input checked="" type="checkbox"/> by birth <input type="checkbox"/> by naturalization Pls. indicate country:
4. PLACE OF BIRTH	BRGY. CONCEPCION, HILONGOS LEYTE	If holder of dual citizenship, please indicate the details.	
5. SEX	<input type="checkbox"/> Male <input checked="" 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	House/Block/Lot No. Street Subdivision/Village Barangay Baybay City Leyte City/Municipality Province
7. HEIGHT (m)	1.50 M	ZIP CODE	6521
8. WEIGHT (kg)	73kgs		
9. BLOOD TYPE	O+	18. PERMANENT ADDRESS	House/Block/Lot No. Street Subdivision/Village Barangay Baybay City Leyte City/Municipality Province
10. GSIS ID NO.	N/A	ZIP CODE	6524
11. PAG-IBIG ID NO.	1210-8644-5818		
12. PHILHEALTH NO.	12-051-204-116-2		
13. SSS NO.	N/A	19. TELEPHONE NO.	N/A
14. TIN NO.	314-886-995-000	20. MOBILE NO.	09199063657
15. AGENCY EMPLOYEE NO.	N/A <i>103207</i>	21. E-MAIL ADDRESS (if any)	zarlin.compendio@vsu.edu.ph

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)	ZACHARY VIE CHESTER C. VEGA	09/09/2011
MIDDLE NAME	N/A		ZEUS VIE ELIJAH C. VEGA	08/23/2019
OCCUPATION	N/A			
EMPLOYER/BUSINESS NAME	N/A			
BUSINESS ADDRESS	N/A			
TELEPHONE NO.	N/A			
24. FATHER'S SURNAME	COMPENDIO			
FIRST NAME	CELSON	NAME EXTENSION (JR., SR)		
MIDDLE NAME	PAYOT			
25. MOTHER'S MAIDEN NAME	ELVIRA LINA ZARATE			
SURNAME	COMPENDIO			
FIRST NAME	ELVIRA			
MIDDLE NAME	ZARATE			

(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	INOPACAN CENTRAL SCHOOL	PRIMARY EDUCATION	01/06/1997	01/03/2003	N/A	2003	N/A
SECONDARY	HILONGOS NATIONAL VOCATIONAL SCHOOL	SECONDARY EDUCATION	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	N/A	N/A	N/A	N/A	N/A

(Continue on separate sheet if necessary)

SIGNATURE		DATE	11-4-2024
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IV. CIVIL SERVICE ELIGIBILITY

[illegible]

(Continue on separate sheet if necessary)

V. WORK EXPERIENCE

[illegible]

(Continue on separate sheet if necessary)

SIGNATURE		DATE	11-4-2024
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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		
	TAU OMEGA MU-MEDICAL MISSION IN SOUTHERN LEYTE	11/10/2024	14/10/2024	48.0	NURSE - MEDICAL TEAM
	VSU MEDICAL MISSION -ABUYOG LEYTE		2022	8.0	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			
	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
	In-House Seminar-Workshop on Basic Records and Archives Management (BRAM)	30/07/2024	31/07/2024	16	Technical	NATIONAL ARCHIVES OF THE PHILIPPINES
	Integrated Hospital Operation Management Program	17/04/2024	19/04/2024	24	Technical	DEPARTMENT OF HEALTH-REGION 8
	INTEGRATED HOSPITAL OPERATIONS AND MANAGEMENT INFORMATION SYSTEM PLUS (iHOMIS +)	10/04/2024	12/04/2024	24	Technical	DEPARTMENT OF HEALTH-REGION 8
	BASIC COURSE ON CONTINUOUS QUALITY IMPROVEMENT FOR HEALTH FACILITIES	16/10/2023	16/10/2023	2	Technical	DEPARTMENT OF HEALTH-ONLINE TRAINING PLATFORM
	MENTAL HEALTH AND PSYCHOSOCIAL SUPPORT ONLINE TRAINING	15/10/2023	16/10/2023	16	Technical	DEPARTMENT OF HEALTH-ONLINE TRAINING PLATFORM
	ORIENTATION ON CUSTOMER SERVICE AND WORK VALUES IN THE WORKPLACE	12/09/2023	13/09/2023	16	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
	ONLINE COURSE ON HEALTHCARE WASTE MANAGEMENT	06/07/2023	06/07/2023	1	Technical	DEPARTMENT OF HEALTH-ONLINE TRAINING PLATFORM
	Leadership Course for Advanced Practice in Public Health Nursing	13/01/2023	24/02/2023	148	Supervisory	UNIVERSITY OF THE PHILIPPINES
	FOUNDATIONAL COURSE ON ADOLESCENT HEALTH CARE FOR PRIMARY SERVICE PROVIDERS	24/10/2022	25/10/2022	16	Technical	DEPARTMENT OF HEALTH-ONLINE TRAINING 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	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	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	8	Technical	DEPARTMENT OF HEALTH-ONLINE TRAINING PLATFORM
	HIV TRAINING (PEER FACILITATOR)	01-19-2022	01-21-2022	24	Technical	DEPARTMENT OF HEALTH-ONLINE TRAINING PLATFORM
	M2 DEFIBRILLATOR TRAINING	05-21-2021	05-21-2021	3	Technical	ZOLL

(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)
	ARTS AND CRAFTS		TOP AGENT - CONVERGYS PHILIPPINES		PHILIPPINE NURSES ASSOCIATION
	DANCING				
	GRAPHIC DESIGN				

(Continue on separate sheet if necessary)

SIGNATURE	DATE
	11-4-2024

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)?

☐ YES☒ NO

☐ YES☒ 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?

☐ YES☒ NO

☐ YES☒ NO

If YES, give details:

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?

☐ YES☒ 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?

☐ YES☒ 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?

☐ YES☒ NO

☐ YES☒ NO

If YES, give details:

If YES, give details:

39. Have you acquired the status of an immigrant or permanent resident of another country?

☐ YES☒ 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?

☐ YES☒ NO

☐ YES☒ NO

☐ YES☒ NO

If YES, please specify:


If YES, please specify ID No:

If YES, please specify ID No:


41. REFERENCES (Person not related by consanguinity or affinity to applicant /appointee)

NAME	ADDRESS	TEL. NO.
JAN ANA SALAR, RN, USRN	QUEENS, NEWYORK, USA	9296674253
FRANCE ALLAN CAVITE, RN, MAN, PHD	HINDANG LEYTE	9334654397
MARK ALVAREZ	CEBU CITY	9339288967

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.



ZARLIN JECHEL Z. COMPENDIO



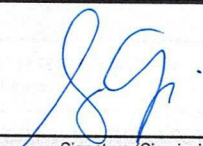
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Government Issued ID (i.e.Passport, GSIS, SSS, PRC, Driver's License, etc.)
PLEASE INDICATE ID Number and Date of Issuance

Government Issued ID: PRC ID: 0799872

ID/License/Passport No.: P5050178C

Date/Place of Issuance: 19 AUG 2023/ DFA TACLOBAN

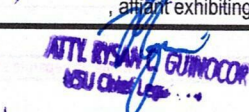


Signature (Sign inside the box)

NOVEMBER 4, 2024

Date Accomplished

SUBSCRIBED AND SWORN to before me this 13 DEC 2024, affiant exhibiting his/her validly issued government ID as indicated above.



Atty. Ryszard Guinocor
ISU Chief Leg.

Person Administering Oath

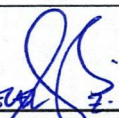
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WORK EXPERIENCE SHEET

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.
 - l) Perform other tasks as necessary and as deemed per assignment by Chief of Hospital


ZHENIN JESON Z. COMPENDIO
 (Signature over Printed Name
 of Employee/Applicant)

Date: 11-12-2024