

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)	
MIDDLE NAME	Apas		
3. DATE OF BIRTH (mm/dd/yyyy)	12/7/1975	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	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 checked="" type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Separated <input type="checkbox"/> Other/s:		
7. HEIGHT (m)	5'2	17. RESIDENTIAL ADDRESS	House/Block/Lot No. Street Block 2/Lot 3 Subdivision/Village Barangay P & Q Subdivision Cogon Baybay City Leyte
8. WEIGHT (kg)	75 kg.	ZIP CODE	6521
9. BLOOD TYPE	AB+	18. PERMANENT ADDRESS	House/Block/Lot No. Street Block 2/Lot 3 Subdivision/Village Barangay P & Q Subdivision Cogon Baybay City Leyte
10. GSIS ID NO.		ZIP CODE	6521
11. PAG-IBIG ID NO.	121016152839	19. TELEPHONE NO.	N/A
12. PHILHEALTH NO.	020505395582	20. MOBILE NO.	09359320276 / 09263177575
13. SSS NO.	0619859176	21. E-MAIL ADDRESS (if any)	cpapong55@gmail.com
14. TIN NO.	286067912000		
15. AGENCY EMPLOYEE NO.			

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)	JEOFF APAS PAPONG	1/5/2005
MIDDLE NAME	Pablo			
OCCUPATION	Chief Engineer / OFW			
EMPLOYER/BUSINESS NAME	Splash Philippines, Incorporated			
BUSINESS ADDRESS	Pasay City, Philippines			
TELEPHONE NO.	9770978564			
24. FATHER'S SURNAME	Apas			
FIRST NAME	Leonardo	NAME EXTENSION (JR., SR)		
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 education	6/10/1983	3/20/1989	graduated	1989	
SECONDARY	University of the Visayas	High School	6/8/1989	3/18/1993	graduated	1993	
VOCATIONAL / TRADE COURSE	N/A	N/A	N/A	N/A	N/A	N/A	
COLLEGE	University of the Visayas	Bachelor of Science in Nursing	6/8/1997	3/18/2000	graduated	2000	
GRADUATE STUDIES	Unuversity of San Carlos	Master of Arts in Nursing major in Clinical Supervision	6/13/2012	3/21/2013	graduated	2013	

SIGNATURE	Concepcion Jo Papong	DATE	November 22, 2022
-----------	----------------------	------	-------------------

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			
	HandogPuso Foundation - OSF ACC , Bonzel Health and Nutrition Center, FCIC, Baybay City, Leyte	01/06/2012	present	24 hours/yr.	Volunteer nurse for minor surgery	
	Order of Franciscan Secular Religious Organization - FCIC, Baybay City, Leyte	01/10/2015	present	16 hours/yr.	Volunteer staff for charity works	
(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			
	Virtual PNA Convention with theme: "KAYA (Knowledgeable, Adaptable, Yearn, Active) Nurse's Role Amidst Covid - 19 Pandemic	11/03/2021	12/03/2021	8.0	Supervisory	Philippine Nurse's Association , Zambales Chapter
	Online Professional Development Webinar entitled: Preparing HEI's for Flexible Learning, Course Outcomes and Teaching Strategies for Remote and Online Learning	27/07/2020	27/07/2020	4.0	Supervisory	Rex Academy
	Health Care Services National Certificate 11	01/04/2020	01/04/2020	8.0	Supervisory	TESDA
	Virtual Medical Forum on Smoking Ceasation and it's Impact on Cardiovascular Health	29/09/2020	29/09/2020	4.0	Supervisory	Ormoc City Medical Society
	Virtual Lecture on Covid - 19 Vaccines	14/02/2020	14/02/2020	4.0	Supervisory	FCIC Health Services Department
	Basic First Aid / Life Support /AED Operation Seminar	03/10/2019	03/10/2019	8.0	Supervisory	CDRRMO Baybay City
	Seminar Workshop on Test Construction	27/09/2019	27/09/2019	8.0	Supervisory	FCIC College Department
	Gender and Development Orientation of Employees on Establishing the Policies & Guidelines on GAD	28/06/2019	28/06/2019	8.0	Supervisory	Gender and Development
	Seminar on Continuing Professional Development Framework for Quality Assurance Program for Filipino Nurses	13/01/2018	13/01/2018	8.0	Supervisory	Philippine Nurse's Association , Region 8 Chapter
	APSOM Convention with theme: Sustaining the Quality of Midwifery Education Amidst the Challenges	10/05/2018	11/05/2018	16.0	Supervisory	Association of Private Schools of Midwifery
	11th Post Graduate Course in Internal Medicine with theme: "A Closer Look Into the Philippine Clinical Guidelines for Filipino Patients"	17/02/2017	17/02/2017	8.0	Supervisory	Philippine College of Physicians, Eastern Visayas Chapter
(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 member		Philippine Nurse's Association	
	Dancing		Handog Puso Foundation Volunteer Nurse for minor surgery		Integrated Midwife's Association of the Philippines	
	Acting					
(Continue on separate sheet if necessary)						
SIGNATURE		Concepcion Papang		DATE	November 22, 2022	

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

If YES, give details:

☐ YES☒ NO

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:
_____resignation

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

If YES, give details:

☐ YES☒ NO

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

If YES, please specify: _____

☐ YES☒ NO

If YES, please specify ID No: _____

☐ YES☒ NO

If YES, please specify ID No: _____

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

NAME	ADDRESS	TEL. NO.
Diogracias Pernitez	30 de Diciembre St., Baybay City, Leyte	9267993820
Amelito Borneo	Bonifacio St., Baybay City, Leyte	9365483620
Guencess Izerra Arunay	30 de Diciembre St., Baybay City	09263177575

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.

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/License/Passport No.: 0339705

Date/Place of Issuance: 3/2001 / Metro Manila

Signature (Sign inside the box)

Date Accomplished

Right Thumbmark

SUBSCRIBED AND SWORN to before me this **NOV 29 2022**, affiant exhibiting his/her validly issued government ID as indicated above.

FILE NO. 981
PAGE NO. 50
BOOK NO. 1012
FILES OF

ATTY. KIEFER CLINT L. PETILLA
PUBLIC ATTORNEY I
Pursuant to R.A. 6406
Person Administering Oath

CS FORM 212 (Revised 2017), Page 4 of 4

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: 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. Papang

(Signature over Printed Name
of Employee/Applicant)

Date: 11-22-22