Revised 2017	D	EDCO	NAL DAT	A CL						
	P	EK3U	NAL DAT	A SF	IEE					
WARNING: Any misrepresenta concerned.	ation made in the Personal	Data Sheet and th	e Work Experience Sheet s	shall cause the	e filing of ac	lministrativ	e/criminal case/s	against the p	erson	
READ THE ATTACHED GUIDE	TO FILLING OUT THE PER	SONAL DATA SHE	EET (PDS) BEFORE ACCO	MPLISHING TH	HE PDS FOR		14 919 2		- A	
Print legibly. Tick appropriate boxe. J. PERSONAL INFORMATIO		necessary. Indicate	N/A if not applicable. DO NOT	ABBREVIATE.		1. CS ID No.	-	(Do not fill up. F	or CSC use only)	
2. SURNAME	FAELNAR									
FIRST NAME							NAME EXTENSION (J	R., SR)		
MIDDLE NAME	CAPUNO									
3. DATE OF BIRTH	10/5/199	0	16. CITIZENSHIP			-				
(mm/dd/yyyy)	10/0/1000		If holder of dual citizenship,		Filipi	no L	Dual Citizenship	by naturaliz	ation	
4. PLACE OF BIRTH	Baybay, Leyte							indicate country:		
5. SEX	Male	✓ Female	please indicate the	details.	And the second second					
6 CIVIL STATUS	☑ Single ☐ Married		17. RESIDENTIAL ADDRESS							
	☐ Widowed ☐ Other/s:	Separated		Но	use/Block/Lot N Zone 4	lo.		Street Guadalupe		
7 1150(57/)			The second second second	St	ubdivision/Villag Baybay	le		Barangay		
7. HEIGHT (m)	1.52 m				City/Municipality			Leyte Province		
8. WEIGHT (kg)	50 kg		ZIP CODE	6521						
9. BLOOD TYPE	A		18. PERMANENT ADDRESS H		louse/Block/Lot No.			Street		
10. GSIS ID NO.	2005283328		Programme and the second	Zone 4 Subdivision/Village			Guadalupe Barangay			
11. PAG-IBIG ID NO.	1212-0273-2137		12 13 1972 12 100 m of	Baybay				Leyte		
12. PHILHEALTH NO.	13-025153683-0		ZIP CODE 6521		City/Municipality			Province		
13. SSS NO.	NA		19. TELEPHONE NO.	563-1218	-1218					
14. TIN NO.	464-146-857-000		20. MOBILE NO.	0943 043 0911						
15. AGENCY EMPLOYEE NO.	V01051		21. E-MAIL ADDRESS (if any)	ladymay132000@yahoo.com				,		
II. FAMILY BACKGROUND										
22. SPOUSE'S SURNAME			23. NAME of C	HILDREN (Writ	e full name and	d list all)	DATE OF BIRT	H (mm/dd/yyyy)		
FIRST NAME			NAME EXTENSION (JR., SR)		NA			NA		
MIDDLE NAME	F-1			-						
OCCUPATION	NA									
EMPLOYER/BUSINESS NAME		NA								
BUSINESS ADDRESS		NA								
TELEPHONE NO.	NA									
24. FATHER'S SURNAME	FAELNAR									
FIRST NAME	SUSANO		JR		- V- 11 K-					
MIDDLE NAME	YAP	in and discoun					1			
25. MOTHER'S MAIDEN NAME										
SURNAME	CAPUNO	CAPUNO				***************************************			1	
FIRST NAME	MELIANIDA									
MIDDLE NAME	BATULAN				(C	ontinue on se	parate sheet if nece	ssary)		
III. EDUCATIONAL BACKG	ROUND									
26. LEVEL	NAME OF SCH (Write in fu		BASIC EDUCATION/DEGR (Write in full)	EE/COURSE	PERIOD OF	ATTENDANCE	HIGHEST LEVEL/ UNITS EARNED (if not graduated)	YEAR GRADUATED	SCHOLARSHIP/ ACADEMIC HONORS	
ELEMENTARY	VISCA FOUNDATION SCHOOL		NA		From June 1,	To March 1,	NA	2003	RECEIVED	
n SECONDARY	LEYTE STATE UNIVERSI	TE STATE UNIVERSITY LABORATORY HIGH SCHOOL			1997 June 1,	2003 March 1, 2007	NA	2007	NA NA	
VOCATIONAL / TRADE COURSE	NA		NA		2003 NA	NA NA	NA	NA	NA	
COLLEGE	CEBU DOCTORS' UNIVERSITY		BACHELOR OF SCIENCE IN NURSING		June 1	April 10,	NA	2011	NA	
GRADUATE STUDIES	CEBU DOCTORS' UNIVERSITY		MASTER OF SCIENCE IN NURSING		,2007 June 1 , 2016	2011 June 30, 2019	37 units	NA	NA	
The state of the s		(C	ontinue on separate sheet if neo	essary)	2010	2018			arter in carrie	
SIGNATURE	\sim \times				DATE			UNE 7, 2021		

CAREE		(BOARD/ BAR) UNDER	RATING	DATE OF	1000000			LICENSE (if a	pplicable)
SPECIAL LAWS/ CES/ CSEE BARANGAY ELIGIBILITY / DRIVER'S LICENSE		(If Applicable)	EXAMINATION / CONFERMENT	TION / CONFERMENT		NUMBER	Date of Validity		
NURSING LICENSURE EXAMINATION		77.2	12/21-23/2011	12/21-23/2011 CEBU CITY			0742927	5/10/202	
***				- to the state of					
							-		
				-:-					
							*		
							-		
WORK E	KPERIENCE		(Co	ntinue on separate sheet ii	f necessary)				
clude priva		100			indicated in the attached	d Work Exp	SALARY/ JOB/ PAY		GOVT
(mn	n/dd/yyyy) To	POSITION TITLE (Write in full/Do not abbreviate)		DEPARTMENT / AGENCY / OFFICE / COMPANY (Write in full/Do not abbreviate)		MONTHLY SALARY	GRADE (if applicable)& STEP (Format "00-0")/ INCREMENT	STATUS OF APPOINTMENT	SERVICI (Y/N)
3/15/2013	08/15/2017	NURSE		VISAYAS STATE U	NIVERSITY HOSPITAL	7990.00	NA	JOB ORDER	YES
08/16/2017	08/16/2021	NURSING ATTE	NDANT 1	VISAYAS STATE UNIVERSITY HOSPITAL		13200.00	SG 4	CASUAL	YES
08/17/2021 PRESENT		NURSE	NURSE 1		VISAYAS STATE UNIVERSITY HOSPITAL		SG15	CASUAL	YES
				-,	2-				

-					2				
								-	
					2 - 3				-
									-
									-
			(0)	ontinue on separate sheet	If necessary)				
SIGNA	ATURE		rent	The second second	DATE		JUNE 7,2021		

From NA	Ŧo	NUMBER OF HOURS		POSITION / NATURE OF WORK	
NA	NA				
	NA	NA	NA		
ROGRAMS AT	TENDED		erial positions!		
ATTEN (mm/d	DANCE d/yyyy)	NUMBER OF HOURS	Type of LD (Managerial/ Supervisory/ Technical/etc)	CONDUCTED/ SPONSORED BY (Write in full)	
		80		FHIL SOCIETY FOR MICROBIOLOGY AND INFECTIOUS DISEASES CEBU CHAPTER	
-				BASIC LIFESAVING SOLUTIONS	
				BASIC LIFESAVING SOLUTIONS BASIC LIFESAVING SOLUTIONS	
-		-		CEBU INSTITUTE OF MEDICINE AND CIM ALUMNI	
-				ASSOCITION AND CHARTER	
1000		TOTAL	Agriculto	ANSAP LEYTE-SAMAR CHAPTER	
-		-		ANSAP LEYTE-SAMAR CHAPTER	
				PNA NORTHWESTERN LEYTE CHAPTER	
	0.000		4490	PNA NORTHWESTERN LEYTE CHAPTER	
-				Philippine College of Physicians Eastern Visayas Chapter	
3/4/2019				BayBay City Health office Department of Health - Eastern Visayas Center for	
+		-		Health Development Department of Health - Eastern Visayas Center for	
-		-		Health Development	
-		-		Department of Health	
-	-	-	07-11-21	Department of Health	
3/2/2020	03/13/2020	320.0		Lifeline Ems Academy	
10/20/2021	10/22/2021	24.0		Philippine Nurses Association, INC. Institute of Philippine Culture School of Social Science	
3/11/2020	NA	1.5		Ateneo De Manila University	
11/21/2020	NA	2.0		Nature's Spring Foundation, INC.	
11/23/2020	NA	2.0	* - T	Critical Care Nurses Association f the Phlippines, INC	
11/25/2020	11/26/2020	4.0	197 Em. 19	Critical Care Nurses Association f the Phlippines, INC	
11/28/2020	11/29/2020	9.0		Philippine Nurses Association Regional Council I	
n 11/16/2020	NA	2.0		Critical Care Nurses Association f the Phlippines, INC	
8/1/2021	9/1/2021	6.0		Philippine Nurses Association Regioonal Council VI	
02/13/2021	03/21/2021	274.0		Lifeline Ems Academy	
03/27/2021	NA	8.0		Emergency Medical Institute Training Center	
ontinue on separate	sheet if necessar	y)			
		GNITION		33. MEMBERSHIP IN ASSOCIATION/ORGANIZATION (Write in full)	
		G DANCETEAM	MEMBER	LAETARE CHANTERS	
		1			
GREE DATA	W YTTS				
The state of the s	57				
ontinue on separate	sheet if necessar			JUNE 7,2021	
	ROGRAMS AT The last five (5) year INCLUSIVE ATTEN (mm/d From 8/30/2017 11/29//17 11/30/2017 10/20/2018 10/21/2018 11/30/2018 11/30/2018 2/8/2019 3/4/2019 3/4/2019 3/4/2019 3/4/2019 3/4/2019 10/16/2019 3/19/2019 10/16/2019 11/2020 11/21/2020 11/21/2020 11/25/2020 11/25/2020 11/26/2021 03/27/2021 CONFACADEMIC DISTITY COLLEG	ROGRAMS ATTENDED The last five (5) years for Division Chi INCLUSIVE DATES OF ATTENDANCE (mm/dd/yyyy) From To 8/30/2017 NA 11/29//17 11/30/2017 11/30/2017 12/1/2018 12/4/2017 12/5/2017 10/20/2018 NA 10/21/2018 NA 11/30/2018 NA 11/30/2019 3/5/2019 3/4/2019 3/5/2019 3/19/2019 10/17/2019 3/2/2020 03/13/2020 10/16/2019 10/17/2019 3/2/2020 NA 11/21/2020 NA 11/21/2020 NA 11/25/2020 11/26/2020 MA 11/25/2020 11/26/2020 MA 11/16/2021 9/1/2021 02/13/2021 03/21/2021 03/27/2021 NA Continue on separate sheet if necessar	INCLUSIVE DATES OF ATTENDANCE (mm/dd/yyyy)	INCLUSIVE DATES OF ATTENDANCE (mm/ddy)yy)	

chief of bureau or office or to the person who has immed Bureau or Department where you will be appointed, a. within the third degree? b. within the fourth degree (for Local Government Unit - County)	☐ YES ☑ NO ☐ YES ☑ NO If YES, give details:				
35. a. Have you ever been found guilty of any administrative	☐ YES ☑ NO If YES, give details:				
b. Have you been criminally charged before any court?	☐ 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 court or tribunal?	☐ YES ☑ NO If YES, give details:				
37. Have you ever been separated from the service in any of retirement, dropped from the rolls, dismissal, termination, (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 Barangay election)?	☐ YES ☑ NO If YES, give details:				
 b. Have you resigned from the government service during election to promote/actively campaign for a national or lo 	☐ YES ☑ NO If YES, give details:				
39. Have you acquired the status of an immigrant or perman	☐ YES ☑ NO If YES, give details (country):				
40. Pursuant to: (a) Indigenous People's Act (RA 8371); (b) I	(1987) (1987) (1987) (1987) (1987) (1987) (1987) (1987) (1987) (1987) (1987) (1987) (1987) (1987) (1987) (1987				
7277); and (c) Solo Parents Welfare Act of 2000 (RA 897). Are you a member of any indigenous group?	2), please answer the following items:	YES V NO			
	If YES, please specify:				
Are you a person with disability?	☐ YES ☑ NO If YES, please specify ID No:				
Are you a solo parent?					
41. REFERENCES (Person not related by consanguinity or affinity to applic	ant /appointee)	8 20 1 1 1 1			
NAME	ADDRESS	TEL. NO.			
JAN ANA B. MASENDO	GUADALUPE, BAYBAY	9171080150			
CINDY R. FRUTO	VSU, VISCA, BAYBAY	9178919213			
DR. ELWIN JAY V. YU	VSU, VISCA, BAYBAY	9357882192	(Car		
42. I declare under oath that I have personally accomplis complete statement pursuant to the provisions of pe Philippines. I authorize the agency head/authorized repr agree that any misrepresentation made in this di administrative/criminal case/s against me.	rtinent laws, rules and regulations of the esentative to verify/validate the contents state	Republic of the ded herein.	ady May C. Fasinar		
Government Issued ID (i.e. Passport, GSIS, SSS, PRC, Driver's License, etc.) PLEASE INDICATE ID Number and Date of Issuance					
Government Issued ID: 0742927	regy				
ID/License/Passport No.: PRC	Signatura (Signi maida tira bi				
Date/Place of Issuance: 05/31/2021 Ormoc City	e/Place of Issuance: 05/31/2021 Ormoc City June 7,2021 Date Accomplished				
SUBSCRIBED AND SWORN to before me this	1 5 NOV 2021 , affiant exhibiti	ng his/her validly issued government	t ID as indicated above.		
	Person Administering Oa	h	CS ECDM 242 (Designed 2017). Dagg of an		

WORK EXPERIENCE SHEET

Instructions: 1. Include only the work experiences relevant to the position being applied for:

2. The duration should include start and finish dates, if know, month in abbreviated form, if known and year full. For the current position, use the Present, e.g. 1998-Present. Work experience should be listed starting with the most recent/present employment.

Duration: August 16, 2017 - present

Position: NURSE 1

Name of Office/Unit USHER

Immediate Supervisor: Dr. Elwin Jay V. Yu

Summary of Actual Duties

- * Assist in the Annual Physical/Medical Examinations for Students & Employees.
- * Assist in OPD/ER consultations.
- * Assist in the management and transportation of critical and emergent patients.
- * Gives emergency and therapeutic nursing care to patients.
- * Monitor Emergency and Rescue Unit vehicles, equipment and supplies.
- * Administer prescribed medicines to patients.
- * Prepares beds and sterilizes dressing supplies.
- * Participate and helps in the implementation of school health programs through education, information and dissemination.

LADY MAY C. FAELNAR
(Signature over Printed Name of Employee/Applicant)

Date: June 7, 2021