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

	TO FILLING OUT THE PERSONAL DATA SHE () and use separate sheet if necessary. Indicate				1. CS ID No.		(Do not fill up. F	or CSC use only)	
I. PERSONAL INFORMATIO									
2. SURNAME	DUMAGUING NAME EXTENSION (JR., SR)								
FIRST NAME	MARIE NINA								
MIDDLE NAME	PRADO	The Residence of the State of t							
3. DATE OF BIRTH (mm/dd/yyyy)	7/2/1987	16, CITIZENSHIP	☑ Filipin	☑ Filipino ☐ Dual Citizenship ☐ by birth ☐ by naturalization					
4. PLACE OF BIRTH	TERESA, RIZAL	If holder of dual citize		Pls. indicate country:					
5. SEX	☐ Male ☑ Female	please indicate the de	etails.		- 17 - 17 - 1				
6 CIVIL STATUS	☐ Single ☑ Married ☐ Widowed ☐ Separated ☐ Other/s:	17. RESIDENTIAL ADDRESS	N/A House/Block/Lot No. N/A Subdivision/Village BAYBAY		SIT	SITIO HINUBIGON Street SAN ISIDRO Barangay			
7. HEIGHT (m)	1.58 m				LEYTE				
8. WEIGHT (kg)	68kg	ZIP CODE	City/Municipality 6		Province 6521				
9. BLOOD TYPE	B+	18. PERMANENT ADDRESS	N/A		SIT	SITIO HINUBIGON			
10. GSIS ID NO.	2005690528		House/Block/Lot No. N/A		Street SAN ISIDRO				
11. PAG-IBIG ID NO.	121231783813		Subdivision/Village BAYBAY		Barangay LEYTE				
12. PHILHEALTH NO.	130251242683	ZIP CODE	City/Municipality 652		6521	Province			
13. SSS NO.	N/A	19. TELEPHONE NO.	N/A		N/A	St. Elesate			
14. TIN NO.	730908460000	20. MOBILE NO.	09233747251		233747251				
15. AGENCY EMPLOYEE NO.	VO240 N/A 06	21. E-MAIL ADDRESS (if any)			mcabrielleber123@gmail.com				
II. FAMILY BACKGROUND				7					
22. SPOUSE'S SURNAME	DUMAGUING		23. NAME of Ch	HILDREN (Write	full name and	list all)	DATE OF BIRT	H (mm/dd/yyyy)	
FIRST NAME	MARK	NAME EXTENSION (JR., SR)	MCALENEIL P. DUMAGUING			IG	8/4/2007		
MIDDLE NAME	MANIGO		MCABRIELLE P. DUMAGUING		NG	04/21/2012			
OCCUPATION	NURSE		MCAEMBER P. DUMAGUING				12/11/2016		
EMPLOYER/BUSINESS NAME	N/A		MCANUARIE P. DU		P. DUMAGUII	. DUMAGUING		01/13/2022	
BUSINESS ADDRESS	N/A								
TELEPHONE NO.	N/A								
24. FATHER'S SURNAME	PRADO								
FIRST NAME	CORNELIO	NAME EXTENSION (JR., SR)							
MIDDLE NAME	DANIELES								
25. MOTHER'S MAIDEN NAME									
SURNAME	LOPEZ						W. Carpeton		
FIRST NAME	EMIRA								
MIDDLE NAME	BAUTISTA		B (77) 173	(Co	ontinue on sep	parate sheet if neces	sary)	1	
III. EDUCATIONAL BACKS	ROUND							SCHOLARSHIP/	
26. LEVEL	NAME OF SCHOOL (Write in full)	BASIC EDUCATION/DEGRI (Write in full)	EE/COURSE	PERIOD OF A	ATTENDANCE To	HIGHEST LEVEL/ UNITS EARNED (if not graduated)	YEAR GRADUATED	ACADEMIC HONORS RECEIVED	
ELEMENTARY	FRANCISCAN COLLEGE OF THE IMMACULATE CONCEPTION	PRIMARY		1994	2000	N/A	2000	N/A	
SECONDARY	FRANCISCAN COLLEGE OF THE IMMACULATE CONCEPTION	HIGH SCHOOL		2000	2004	N/A	2004	N/A	
VOCATIONAL / TRADE COURSE	N/A	N/A		N/A	N/A	N/A	N/A	N/A	
COLLEGE	CEBU DOCTORS' UNIVERSITY	BACHELOR OF SCIENCE	IN NURSING	2004	2011	N/A	2011	N/A	
GRADUATE STUDIES	N/A	N/A	er er konditæler kansk	N/A	N/A	N/A	N/A	N/A	
CICNATURE	Λ.	Continue on separate sheet if nec	essary)	1	TE		00/04/000=		
SIGNATURE	Winarato			DA	TE		02/24/2025		

	RVICE ELIGIBI R SERVICE/RA 1080) (BOARD/ BAR) UNDER	DATINO	DATE OF				LICENSE (if a	pplicable)
	SPECIAL LAWS		RATING (If Applicable)	EXAMINATION / PLACE OF EXAMINATION / CONFERMENT CONFERMENT			RMENT	NUMBER	Date of Validity
PHILIPPINI	RA 1080	SURE EXAMINATION	79.60%	JUNE 3-4, 2018	UNIVERSITY OF CE	BU-MAIN C	AMPUS	0907982	07/02/20
NON-PR	OFESSIONAL DE	RIVER'S LICENSE	N/A	11/04/2015	BAYBAY CITY			H12-002918	07/02/20
NAME OF THE OWNERS									
2.	EFER S				all to	14 77 Jrs	167 -		
				Continue on separate shee	if necessary)		3		
Include priva	CONTRACTOR OF THE PARTY OF THE	Start from your recent	work) Description	on of duties should be	indicated in the attached	l Work Expe	International Control of the Control		
	SIVE DATES n/dd/yyyy) To	POSITION TI (Write in full/Do not			NCY / OFFICE / COMPANY Do not abbreviate)	MONTHLY SALARY	SALARY/ JOB/ PAY GRADE (if applicable) & STEP (Format "00-0")/ INCREMENT	STATUS OF APPOINTMENT	GOV'T SER' (Y/ N)
8/12/2024	PRESENT	AFFILIATE CLINICAL	NSTRUCTOR	VISAYAS ST.	ATE UNIVERSITY	PHP 24,495	SG 12	CONTRACT OF SERVICE	Υ
03/20/2023	09/30/2023	NURSE			RNATIONAL INC.	PHP 38, 150	SG15	CONTRACT OF SERVICE	Υ
10/01/2022	12/31/2022	. NURSE	Landing of the party of the party of the	CENTER	ALTH EASTERN VISAYAS FOR HEALTH	PHP 38, 150	SG15	PS CONTRUCTUAL	Υ
01/18/2021	12/31/2021	NURSE			ALTH EASTERN VISAYAS FOR HEALTH	PHP 33,575	SG15	PS CONTRUCTUAL	Υ
04/03/2020	12/31/2020	NURSE	I	The second secon	ALTH EASTERN VISAYAS FOR HEALTH	PHP 32,056	SG15	PS CONTRUCTUAL	Υ
9/16/2019	12/31/2019	NURSE	ı	The state of the s	ALTH EASTERN VISAYAS FOR HEALTH	PHP 30,531	SG15	PS CONTRUCTUAL	Υ
03/01/2019	05/31/2019	NURSE	A STATE OF THE STA	BAYBAY CITY HEALTH OFFICE		PHP 6,600	N/A	JOB ORDER	Υ
11/05/2018	12/31/2018	PUBLIC HEALTH A	SSOCIATE	DEPARTMENT OF HEALTH-RO VIII		PHP 22,149	SG11	CONTRACT OF SERVICE	Υ
06/08/2016	10/31/2018	NURSE		BAYBAY CITY	HEALTH OFFICE	PHP 6,000	N/A	JOB ORDER	Υ
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				and the state of t	and the second				
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				Continue on separate shee	t if necessary)				

NAME & ADDRESS OF ORGANIZATION	INCLUS	SIVE DATES				
29. NAME & ADDRESS OF ORGANIZATION (Write in full) INTERNATIONAL SURGICAL HEALTH INITIATING		(mm/dd/yyyy)		POSITION / NATURE OF WORK		
		01/31/2019	40.0	NURSE		
	7 11 1					
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	Continue on separat	e sheet if necessary)			
LEARNING AND DEVELOPMENT (L&D) INTERVENTIONS/TRAINING	1			I		
TITLE OF LEARNING AND DEVELOPMENT INTERVENTIONS/TRAINING PROGRAMS (Write in full)	ATTE (mm	VE DATES OF ENDANCE V/dd/yyyy)	NUMBER OF HOURS	Type of LD (Managerial/ Supervisory/ Technical/etc)	CONDUCTED/ SPONSORED BY (Write in full)	
CAE/ELEVATE APOLLO PREHOSPITAL PATIENT STIMULATOR	From 02/13/2025	To 02/14/2025	16.0	TECHNICAL	VISAYAS STATE UNIVERSITY	
CHILD ABUSE: NEW YORK MANDATED REPORTER TRAINING	04/08/2023	04/08/2023	2.0	TECHNICAL		
INFECTION CONTROL AND BARRIER PRECAUTIONS	04/08/2023	04/08/2023	4.0	TECHNICAL	ONLINE COURSES ONLINE COURSES	
PSYCHOLOGICAL FIRST AID TRAINING	03/06/2022	02/06/2022	8.0	TECHNICAL	BINAYBAYON CONVENTION CENTER	
PSYCHOSOCIAL AWARENESS ACTIVITY	12/17/2020	12/17/2020	8.0	TECHNICAL	BAYBAY NATIONAL HIGH SCHOOL	
HEALTHY YOUNG ONES	11/25/2019	11/25/2019	24.0	TECHNICAL	CITY HEALTH OFFICE	
BASIC LIFE SUPPORT	11/20/2019	11/21/2019	16.0	TECHNICAL	CITY HEALTH OFFICE	
WORLD RABIES DAY 2019	09/27/2019	09/27/2019	8.0	TECHNICAL	PROVINCIAL HEALTH OFFICE	
REGIONAL RABIES PROGRAM REVIEW AND WORKSHOP	03/19/2019	03/21/2019	24.0	TECHNICAL	PROVINCIAL HEALTH OFFICE	
ANIMAL BITE MANAGEMENT TRAINING	09/03/2018	07/03/2019	24.0	TECHNICAL	PROVINCIAL HEALTH OFFICE	
FOOD OPERATION/HANDLER'S CLASS	09/11/2018	09/11/2018	8.0	TECHNICAL	CITY HEALTH OFFICE	
WORLD RABIES DAY 2018	09/28/2018	09/28/2018	8.0	TECHNICAL	CITY HEALTH OFFICE	
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	(Continue on separa	te sheet if necessar	y)			
III. OTHER INFORMATION	NON-ACADEMIC DIS	STINCTIONS / RECO	GNITION		33. MEMBERSHIP IN ASSOCIATION/ORGANIZA	
31. SPECIAL SKILLS and HOBBIES 32.	NON-ACADEMIC DISTINCTIONS / RECOGNITION (Write in full)				ON (Write in full) PHILIPPINE NURSES' ASSOCIATION	
MS OFFICE APPLICATION	N/A					
MS EXCEL	ing the bull that he is the second of the se	TALLES				
MS WORD						
INTERNET NAVIGATION	CONTRACTOR CONTRACTOR	THE STATE OF THE S	S SWEST OF SECTION		The second secon	
SOCIAL MEDIA AND EMAIL SYSTEM						
	(Continue on sepa	rate sheet if necess	ary)			
SIGNATURE Windlade	i e e innice un aupa		THE REPORT OF THE PARTY OF THE	DATE	02/24/2025	

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34.	Are you related by consanguinity or affinity to the appointing of chief of bureau or office or to the person who has immediate so Bureau or Department where you will be appointed,		1				
	a. within the third degree?		2 NO				
	b. within the fourth degree (for Local Government Unit - Caree	☐ YES ☐ If YES, give details	NO .				
		ii 123, give details					
35	a. Have you ever been found guilty of any administrative offer	☐ YES [☑ NO				
00.		and the contract of the contra	If YES, give details				
	h. Have you been arminally charged before any court?	☐ YES	☑ NO				
	b. Have you been criminally charged before any court?		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	☐ YES	☑ NO			
	any court or tribunal?		If YES, give details:				
37.	Have you ever been separated from the service in any of the dropped from the rolls, dismissal, termination, end of term, fin		☑ YES □ NO				
	in the public or private sector?	isited contract of phased out (abolition)	If YES, give details: END OF TERM				
38.	a. Have you ever been a candidate in a national or local elect	ion held within the last year (except	□ YES	☑ NO			
	Barangay election)?		If YES, give detail	그렇게 어떻게 하면 하다가 되어 주었는데 이 이번 사람들이 이번 사용되어가는 때문에 되었다.			
	b. Have you resigned from the government service during the	three (3)-month period before the last	☐ YES ☑ NO				
	election to promote/actively campaign for a national or local c	andidate?	If YES, give detail	S:			
39.	Have you acquired the status of an immigrant or permanent re	esident of another country?	☐ YES	☑ NO			
			If YES, give details (country):				
40.	Pursuant to: (a) Indigenous People's Act (RA 8371); (b) Magn and (c) Solo Parents Welfare Act of 2000 (RA 8972), please a						
a.	Are you a member of any indigenous group?	answer the following items.		na ander traue			
5	Are you a member of any margenous group?		☐ YES If YES, please specify	☑ NO			
b.	Are you a person with disability?		☐ YES				
			If YES, please specify ID No:				
C.	Are you a solo parent?		☐ YES If YES, please specify	☑ NO			
			II TEO, picase specify	YAN ZURARA			
41.	REFERENCES (Person not related by consanguinity or affinity to applicant I	appointee)					
	NAME	ADDRESS	TEL. NO.				
	SUZETTE B. ARCILLAS RN	PALO LEYTE	9061774049				
	JEROME B. PROFETANA	BAYBAY LEYTE	9778121008	ر می			
	ANN RHEA A. CELAYA	BAYBAY LEYTE	9700359601				
42.	I declare under oath that I have personally accomplished	this Personal Data Sheet which is a tr	rue, correct and				
	complete statement pursuant to the provisions of pertine Philippines. I authorize the agency head/authorized represen	nt laws, rules and regulations of the tative to verify/validate the contents state	Republic of the				
	agree that any misrepresentation made in this docum	nent and its attachments shall cause	e the filing of	MARIE NINA P. DUMAGUING			
	administrative/criminal case/s against me.		of the state of th				
	overnment Issued ID (i.e.Passport, GSIS, SSS, PRC, Driver's License, etc.)						
-	LEASE INDICATE ID Number and Date of Issuance overmment Issued ID: PRC						
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10/	/License/Passport No.: 0907682	ox)					
Da	te/Place of Issuance: 07/11/2018 TACLOBAN LEYTE		Right Thumbmark				
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-				CS FORM 212 (Revised 2017), Page 4 of 4			
				71 -9-1011			

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: August 12, 2024 present
- Position: Affiliate Clinical Instructor
- · Name of Office/Unit: College of Nursing
- Immediate Supervisor: CHRISTIAN VIE P. BALDONADO, RN. MAN
- Name of Agency/Organization and Location: VISAYAS STATE UNIVERSITY
 - List of Accomplishments and Contributions (if any)
 - Prepare learning materials for health education and clinical rotation and apply knowledge of physical, social, health sciences and humanities in the practice of nursing;
- Summary of Actual Duties
 - Prepare learning materials and conduct classes as scheduled.
 - o Employ varied teaching strategies to enhance the student learning
 - o Apply/conduct applicable modes of assessment of student learning
 - o Maintain an updated and orderly class record of all classes handled
 - Conducted orientation on the first day
 - Checked completeness of requirements (uniform, paraphernalia) before the start of every shift
 - Delegated patient loading to student nurses during patient audit
 - o Performed individual revalidation with the students
 - o Conducted demonstration and individual return demonstrations on assigned skills
 - Attended student's queries even outside class schedules
 - Evaluated and provided feedbacks on students daily requirements
 - Supervised, monitored, demonstrated and evaluated return demonstrations of nursing procedures conducted during the course of duty
 - Conduct examinations and other appropriate performance assessment tasks, and give relevant assignments and other course requirements
 - Assisted student nurses in selecting a case for case conference
 - Conducted case presentation and provide relevant suggestions and recommendations for the improvement of their case study
 - Compute and submit grades and turn over of class records to the Department head on or before the deadline of grade submission.
 - Duration: March 20, 2023 September 30, 2023
 - Position: Vaccinator Nurse
 - Name of Office/Unit: Relief International Incorporated
 - Immediate Supervisor: CHIRADEE R. CLARIDAD, RN

- Name of Agency/Organization and Location: CITY HEALTH OFFICE
 - List of Accomplishments and Contributions (if any)
 - Prepare and submit daily accomplishment on vaccinated target eligibility population using standard;
 - Summary of Actual Duties
 - Primarily vaccinate the target eligible population for the routine immunization including target population for the MR OPV SIA campaign and the COVID-19 vaccination;
 - Support the social mobilization through conduct health education of COVID-19 prevention and control;
 - Coordinate with appropriate district health center/rural health unit personnel assigned in his/her area to ensure timely data collection and reporting;
 - Reporting of AEFI cases to concerned offices such as CESUs, PESUs and RESUs;
 - o Perform other function as necessary.
- Duration: September 16, 2019 December 31, 2022
- Position: Nurse II
- Name of Office/Unit: Department of Health /Human Resource for Health
- Immediate Supervisor: SUZETTE B. ARCILLAS, RN
- Name of Agency/Organization and Location: LGU-BAYBAY CITY, R. MAGSAYSAY AVE. ST. BAYBAY CITY.
 - List of Accomplishments and Contributions (if any)
 - o Improved performance of health system in City Health Office
 - o Enhances and sustain logistics management
 - Summary of Actual Duties
 - Performed basic physical assessment of newborn & infants
 - Primary core assessment & evaluation of pregnant & post-Partum mothers.
 - o Conducted immunization at health center and door to door especially to rural areas
 - o Implemented the importance of breastfeeding policy to newborn children
 - Expertise in Family Planning & dispensed contraceptives & other medications as needed
 - Effective counseling in health maintenance & disease management.
 - Pharmacological & non-pharmacological management & treatment of various disease
 - Conducted, mandated health screenings, physical & special education assessments in community & rural areas
 - Excellent interactions and communications with client, staff & supervisors
 - Tracked and Monitored Incoming LSis, ROFWs and APORS
 - Monitored PUMS for Covid 19 at designated quarantine facility
 - Monitored confirmed cases at designated Isolation Area
 - Assisted in Swabbing
 - Conducted Rapid Testing as per doctor's order

- Assigned as Vaccinator during COVID-19 Vaccination
- o Submitted pertinent reports on COVID-19
- Duration: March 01, 2019 May 31, 2019
- Position: Animal Treatment Nurse
- · Name of Office/Unit: Baybay City Health Office
- Immediate Supervisor: JEROME B. PROFETANA, MPM
- Name of Agency/Organization and Location: LGU-BAYBAY CITY, R. MAGSAYSAY AVE. ST. BAYBAY CITY.
 - List of Accomplishments and Contributions (if any)
 - Rabies Awareness and advocacy campaign and strengthen responsible pet ownership
 - Summary of Actual Duties
 - Recognizing and category rabies exposure
 - Decision making for common scenarios of post exposure prophylaxis & indications for pre-exposure prophylaxis Management of adverse reaction
- Duration: November 05, 2018 December 31, 2018
- Position: Public Health Associate
- Name of Office/Unit: Department of Health
- Immediate Supervisor: SUZETTE B. ARCILLAS, RN
- Name of Agency/Organization and Location: LGU-BAYBAY CITY, R. MAGSAYSAY AVE. ST. BAYBAY CITY.
 - List of Accomplishments and Contributions (if any)
 - Improved performance of health system in City Health Office
 - o Enhances and sustain logistics management
 - Summary of Actual Duties
 - Assist the MHO in the installation of effective monitoring and evaluation system;
 - Assist in the collection and validation of health-related data
 - Performs related function subject of approval of DOH
- Duration: June 08, 2016 October 31, 2018
- Position: Nurse (Job Order)
- · Name of Office/Unit: Baybay City Health Office
- Immediate Supervisor: NORBERTO P. OJA MD, MHA
- Name of Agency/Organization and Location: LGU-BAYBAY CITY, R. MAGSAYSAY AVE. ST. BAYBAY CITY.
 - List of Accomplishments and Contributions (if any)

- Summary of Actual Duties
 - o Serve patient by visiting home;
 - Provides health information by instructing family in maintaining health and prevention of disease
 - o Assisted blood letting
 - o Monitor and map breeding sites of mosquitos
 - o Mobilize and encourage community to take an active role.

Marie Niña P. DUMAGUING

(Signature over Printed Name of Employee/Applicant)

Date: February 24, 2025