

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 () and 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) N/A	
MIDDLE NAME	ZARATE		
3. DATE OF BIRTH (mm/dd/yyyy)	3/29/1991	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: Philippines
4. PLACE OF BIRTH	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 LEYTE City/Municipality Province
7. HEIGHT (m)	1.47	ZIP CODE	6521
8. WEIGHT (kg)	76		
9. BLOOD TYPE	O+	18. PERMANENT ADDRESS	House/Block/Lot No. Street Subdivision/Village Barangay BAYBAY LEYTE City/Municipality Province
10. GSIS ID NO.		ZIP CODE	6521
11. PAG-IBIG ID NO.			
12. PHILHEALTH NO.			
13. SSS NO.		19. TELEPHONE NO.	
14. TIN NO.		20. MOBILE NO.	0919-9063657
15. AGENCY EMPLOYEE NO.		21. E-MAIL ADDRESS (if any)	zarlinjecelcompendio@gmail.com

II. FAMILY BACKGROUND

22. SPOUSE'S SURNAME			23. NAME of CHILDREN (Write full name and list all)	DATE OF BIRTH (mm/dd/yyyy)
FIRST NAME			ZACHARY VIE CHESTER COMPENDIO VEGA	9/9/2011
MIDDLE NAME			ZEUS VIE ELIJAH COMPENDIO VEGA	8/23/2019
OCCUPATION				
EMPLOYER/BUSINESS NAME				
BUSINESS ADDRESS				
TELEPHONE NO.				
24. FATHER'S SURNAME	COMPENDIO			
FIRST NAME	CELSON	NAME EXTENSION (JR., SR) N/A		
MIDDLE NAME	PAYOT			
25. MOTHER'S MAIDEN NAME	ZARATE			
SURNAME	COMPENDIO			
FIRST NAME	ELVIRA			
MIDDLE NAME	LINA			

(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	ELEMENTARY EDUCATION	1998	2003		2003	
SECONDARY	HILONGOS NATIONAL VOCATIONAL SCHOOL	SECONDARY EDUCATION	2003	2007		2007	
VOCATIONAL / TRADE COURSE	HILONGOS NATIONAL VOCATIONAL SCHOOL	MAJOR IN ELECTRONICS	2003	2007		2007	
COLLEGE	VISAYAS STATE UNIVERSITY	BACHELOR OF SCIENCE IN NURSING	2007	2011		2011	
GRADUATE STUDIES							

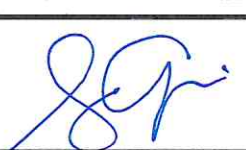
(Continue on separate sheet if necessary)

SIGNATURE		DATE	2-8-2024
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IV. CIVIL SERVICE ELIGIBILITY										
27. CAREER SERVICE/ RA 10800 (BOARD/ BAR) UNDER SPECIAL LAWS/ CES/ CSEE BARANGAY ELIGIBILITY / DRIVER'S LICENSE				RATING (If Applicable)	DATE OF EXAMINATION / CONFIRMMENT	PLACE OF EXAMINATION / CONFIRMMENT			LICENSE (if applicable)	
									NUMBER	Date of Validity
PROFESSIONAL REGULATION COMMISSION					2012	TACLOBAN CITY, LEYTE			0799871	3/29/2026
(Continue on separate sheet if necessary)										
V. WORK EXPERIENCE										
(Include private employment. Start from your recent work) Description of duties should be indicated in the attached Work Experience sheet.										
28. INCLUSIVE DATES (mm/dd/yyyy)		POSITION TITLE (Write in full/Do not abbreviate)	DEPARTMENT / AGENCY / OFFICE / COMPANY (Write in full/Do not abbreviate)	MONTHLY SALARY	SALARY JOB/PAY GRADE (if applicable) & STEP (Format: 00-00) INCREMENT	STATUS OF APPOINTMENT	GOVT SERVICE (Y/N)			
From	To									
2018	PRESENT	NURSE	VISAYAS STATE UNIVERSITY HOSPITAL/ UNIVERSITY SERVICES FOR HEALTH, EMERGENCY AND RESCUE	Php31,000.00		JOB ORDER	YES			
2013	2017	CUSTOMER SERVICE SPECIALIST/ TECHNICAL SUPPORT REPRESENTATIVE	CONVERGYS PHILIPPINES INC.	Php16,000.00		REGULAR	NO			
2008	2011	STUDENT NURSE	VICENTE SOTTO MEMORIAL MEDICAL CENTER (PSYCHIATRIC AND COMMUNICABLE)	N/A	N/A	RELATED LEARNING EXPERIENCE	YES			
			VSU HOSPITAL				YES			
			WESTERN LEYTE PROVINCIAL HOSPITAL/ IMMACULATE CONCEPCION HOSPITAL				YES			
			ORMOC DISTRICT HOSPITAL				YES			
			DIVINE WORD HOSPITAL				NO			

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			
(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			
	BASIC COURSE ON CONTINUOUS QUALITY IMPROVEMENT FOR HEALTH FACILITIES	10/16/2023	10/16/2023	2	TECHNICAL	DEPARTMENT OF HEALTH
	MENTAL HEALTH AND PSYCHOSOCIAL SUPPORT ONLINE TRAINING	10/15/2023	10/16/2023	16	TECHNICAL	DEPARTMENT OF HEALTH
	ORIENTATION ON CUSTOMER SERVICE AND WORK VALUES IN THE WORKPLACE	09/12/2023	09/13/2023	16	TECHNICAL	DEPARTMENT OF HEALTH
	ISO AWARENESS AND RE-AWARENESS SEMINAR	08/29/2023	08/29/2023	3	TECHNICAL	VISAYAS STATE UNIVERSITY
	ONLINE COURSE ON HEALTHCARE WASTE MANAGEMENT	7/6/2023	7/6/2023	1.0	TECHNICAL	DEPARTMENT OF HEALTH
	LEADERSHIP COURSE FOR ADVANCED PRACTICE IN PUBLIC HEALTH NURSING	01/13/2023	03/01/2023	148	SUPERVISORY	UP MANILA-COLLEGE OF NURSING
	FOUNDATIONAL COURSE ON ADOLESCENT HEALTH CARE FOR PRIMARY SERVICE PROVIDERS	10/24/2022	10/25/2022	16	TECHNICAL	DEPARTMENT OF HEALTH
	NOVEL THERAPIES IN OLDER PERSON CARE: A NURSE SPOTLIGHT ON REMINISCENCE AND DIGNITY THERAPY	04/21/2022	04/21/2022	3	TECHNICAL	PHILIPPINE NURSES ASSOCIATION
	STOP COVID-19 DEATHS	03/04/2022	03/04/2022	1	TECHNICAL	UNIVERSITY OF THE PHILIPPINES
	ONLINE COURSE ON INFECTION PREVENTION AND CONTROL FOR COVID-19	9/15/2022	9/15/2022	1.0	TECHNICAL	DEPARTMENT OF HEALTH
	BASIC COURSE ON CONTACT TRACING FOR COVID-19	9/15/2022	9/15/2022	2.0	TECHNICAL	DEPARTMENT OF HEALTH
	SEMINAR-WORKSHOP ON AWARENESS AND COMPLIANCE TO REPUBLIC ACT 9470	8/30/2022	9/1/2022	12.0	TECHNICAL	NATIONAL ARCHIVES OF PHILIPPINES
	HONING THE POTENTIAL OF FILIPINO NURSES IN BUILDING A BETTER HEALTHCARE SYSTEM	4/28/2022	4/29/2022	8.0	TECHNICAL	DEPARTMENT OF HEALTH
	ADOLESCENT HEALTH EDUCATION AND PRACTICAL TRAINING	4/2/2022	4/2/2022	10.0	TECHNICAL	DEPARTMENT OF HEALTH
	DEPARTMENT OF HEALTH PRIMARY CARE WORKERS ONLINE ORIENTATION	3/25/2022	3/25/2022	8.0	TECHNICAL	DEPARTMENT OF HEALTH
	FIRST AID TRAINING	3/9/2022	3/11/2022	24.0	TECHNICAL	DEPARTMENT OF HEALTH REG VIII
	BASIC LIFE SUPPORT (CPR & AED)	3/7/2022	3/8/2022	16.0	TECHNICAL	DEPARTMENT OF HEALTH REG VIII
	HIV TRAINING PEER FACILITATOR	1/19/2022	1/19/2022	24.0	TECHNICAL	DEPARTMENT OF HEALTH REG VIII
	M2 DEFIBRILLATOR TRAINING	5/21/2021	5/21/2021	3.0	TECHNICAL	ZOLL
	IS COVID VACCINE Right For You?	2/23/2021	2/23/2021	1.5	TECHNICAL	UNIVERSITY OF THE PHILIPPINES
	NURSES AS CATALYST FOR SUPPORTIVE, APPROPRIATE, FOCUSED, EVIDENCE-BASED MATERNAL AND CHILD CARE	11/26/2021	11/26/2021	16.0	TECHNICAL	MOTHER AND CHILD NURSES ASSOCIATION OF THE PHILIPPINES INC.
	NURSING THE WORLD TO HEALTH	10/20/2020	10/22/2020	12.0	TECHNICAL	PHILIPPINE NURSES ASSOCIATION
	COVID-KAYA APPLICATION USER TRAINING	6/1/2020	6/1/2020	2.0	TECHNICAL	DOH-EPIDEMIOLOGY BUREAU
	WEBINAR SERIES ON THE DIABETES IN THE NEW NORMAL	11/21/2020	11/21/2020	2.0	TECHNICAL	NATURE SPRING FOUNDATION
	MENDING THE ACHY BREAKY HEART: OVERVIEW OF THE HIGH ALERT CARDIOVASCULAR DRUGS	12/16/2020	12/16/2020	3.0	TECHNICAL	CRITICAL CARE NURSES ASSOCIATION OF THE PHILIPPINES INC.
(Continue on separate sheet if necessary)						
VIII. OTHER INFORMATION						
31.	SPECIAL SKILLS and HOBBIES	32. NON-ACADEMIC DISTINCTIONS / RECOGNITION (Write in full)			MEMBERSHIP IN ASSOCIATION/ORGANIZATION (Write in full)	
	CUSTOMER SERVICE	TOP AGENT (FOURTH QUARTER OF 2016) - CONVERGYS PHILIPPINES INC.			PHILIPPINE NURSES ASSOCIATION	
	COMPUTER SKILLS	CUSTOMER SERVICE EXCELLENCE AWARD - 100% CSAT- CONVERGYS PHILIPPINES INC				
	ARTS AND CRAFTS	CUSTOMER SERVICE EXCELLENCE AWARD - 0% ABSENTISM RATE- CONVERGYS PHILIPPINES INC				
	GRAPHIC DESIGN	CERTIFICATE OF EXCELLENCE - SALES- CONVERGYS PHILIPPINES INC.				
		CERTIFICATE OF RECOGNITION - RESOURCE SPEAKER " DENGUE FEVER AWARENESS SEMINAR" ILANG-ILANG DORM				
(Continue on separate sheet if necessary)						
SIGNATURE				DATE	2-8-2024	

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)?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES <input checked="" type="checkbox"/> 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?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If YES, give details: _____ <input type="checkbox"/> YES <input checked="" type="checkbox"/> 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?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> 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?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> 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?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If YES, give details: _____ <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If YES, give details: _____
39. Have you acquired the status of an immigrant or permanent resident of another country?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> 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?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If YES, please specify: _____ <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If YES, please specify ID No: _____ <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If YES, please specify ID No: _____

41. REFERENCES (Person not related by consanguinity or affinity to applicant /appointee)			<div></div>
NAME	ADDRESS	TEL. NO.	
JAN ANA MASENDO SALAR, RN	UPPER EASTSIDE REHABILITATION AND NURSING CENTER, NEWYORK	jmasendo@yahoo.com	
FRANCE ALLAN CAVITE, RN	COLLEGE OF NURSING, VSU	0933-465-4397	
MARIA LIZA M. TULIN, RN	GATCHALIAN HOSPITAL, ORMOC	967-061-1881	
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.			
<div>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: _____ ID/License/Passport No.: 0799872 Date/Place of Issuance: 02/19/2013/ORMOC CITY</div>	<div> Signature (Sign inside the box) 2-8-2024 Date Accomplished</div>		
	<div></div> <div>Right Thumbmark</div>		

SUBSCRIBED AND SWORN to before me this _____, affiant exhibiting his/her validly issued government ID as indicated above.	
<div></div> <div>Person Administering Oath</div>	