

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 | DUMAGUING | | |
| FIRST NAME | MARIE NIÑA | NAME EXTENSION (JR., SR) | |
| MIDDLE NAME | PRADO | | |
| 3. DATE OF BIRTH (mm/dd/yyyy) | 7/2/1987 | 16. CITIZENSHIP | <input checked="" type="checkbox"/> Filipino <input type="checkbox"/> Dual Citizenship |
| 4. PLACE OF BIRTH | TERESA, RIZAL | If holder of dual citizenship, please indicate the details. | <input type="checkbox"/> by birth <input type="checkbox"/> by naturalization |
| 5. SEX | <input type="checkbox"/> Male <input checked="" type="checkbox"/> Female | | Pls. indicate country: |
| 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: | 17. RESIDENTIAL ADDRESS | N/A SITIO HINUBIGON |
| 7. HEIGHT (m) | 1.58 m | ZIP CODE | House/Block/Lot No. Street |
| 8. WEIGHT (kg) | 68kg | | N/A SAN ISIDRO |
| 9. BLOOD TYPE | B+ | | Subdivision/Village Barangay |
| 10. GSIS ID NO. | 2005690528 | | BAYBAY LEYTE |
| 11. PAG-IBIG ID NO. | 121231783813 | | City/Municipality Province |
| 12. PHILHEALTH NO. | 130251242683 | ZIP CODE | 6521 |
| 13. SSS NO. | N/A | 19. TELEPHONE NO. | N/A |
| 14. TIN NO. | 730908460000 | 20. MOBILE NO. | 09233747251 |
| 15. AGENCY EMPLOYEE NO. | N/A | 21. E-MAIL ADDRESS (if any) | mcabrielleber123@gmail.com |

II. FAMILY BACKGROUND

| | | | | |
|--------------------------|-----------|--------------------------|---|----------------------------|
| 22. SPOUSE'S SURNAME | DUMAGUING | | 23. NAME of CHILDREN (Write full name and list all) | DATE OF BIRTH (mm/dd/yyyy) |
| FIRST NAME | MARK | NAME EXTENSION (JR., SR) | MCALENEIL P. DUMAGUING | 8/4/2007 |
| MIDDLE NAME | MANIGO | | MCABRIELLE P. DUMAGUING | 04/21/2012 |
| OCCUPATION | NURSE | | MCAEMBER P. DUMAGUING | 12/11/2016 |
| EMPLOYER/BUSINESS NAME | N/A | | MCANUARIE P. 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 | | | |
| FIRST NAME | EMIRA | | | |
| MIDDLE NAME | BAUTISTA | | (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 | 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 | N/A | N/A | N/A | N/A | N/A |

(Continue on separate sheet if necessary)

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| SIGNATURE | | DATE | |
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| IV. CIVIL SERVICE ELIGIBILITY | | | | | | | | |
|--|---|------------|---|---|-----------------------------------|---|-----------------------|-------------------------|
| 27. | CAREER SERVICE/ RA 1080 (BOARD/ BAR) UNDER SPECIAL LAWS/ CES/ CSEE BARANGAY ELIGIBILITY / DRIVER'S LICENSE | | RATING (If Applicable) | DATE OF EXAMINATION / CONFERMENT | PLACE OF EXAMINATION / CONFERMENT | LICENSE (if applicable) | | |
| | | | | | | NUMBER | Date of Validity | |
| | PHILIPPINE NURSES LICENSURE EXAMINATION RA 1080 | | 79.60% | JUNE 3-4, 2018 | UNIVERSITY OF CEBU-MAIN CAMPUS | 0907982 | 07/02/2027 | |
| | NON-PROFESSIONAL DRIVER'S LICENSE | | N/A | 11/04/2015 | BAYBAY CITY | H12-002918 | 07/02/2033 | |
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| (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 "00-0")/ INCREMENT | STATUS OF APPOINTMENT | GOV'T SERVICE (Y/ N) |
| | From | To | | | | | | |
| | 08/12/24 | PRESENT | AFFILIATE CLINICAL INSTRUCTOR | VISAYAS STATE UNIVERSITY | PHP | SG | CONTRACT OF SERVICE | Y |
| | 03/20/2023 | 09/30/2023 | NURSE II | RELIEF INTERNATIONAL INC. | PHP 38, 150 | SG15 | CONTRACT OF SERVICE | Y |
| | 10/01/2022 | 12/31/2022 | NURSE II | DEPARTMENT OF HEALTH EASTERN VISAYAS CENTER FOR HEALTH | PHP 38, 150 | SG15 | PS CONTRACTUAL | Y |
| | 01/18/2021 | 12/31/2021 | NURSE I | DEPARTMENT OF HEALTH EASTERN VISAYAS CENTER FOR HEALTH | PHP 33,575 | SG15 | PS CONTRACTUAL | Y |
| | 04/03/2020 | 12/31/2020 | NURSE II | DEPARTMENT OF HEALTH EASTERN VISAYAS CENTER FOR HEALTH | PHP 32,056 | SG15 | PS CONTRACTUAL | Y |
| | 9/16/2019 | 12/31/2019 | NURSE II | DEPARTMENT OF HEALTH EASTERN VISAYAS CENTER FOR HEALTH | PHP 30,531 | SG15 | PS CONTRACTUAL | Y |
| | 03/01/2019 | 05/31/2019 | NURSE | BAYBAY CITY HEALTH OFFICE | PHP 6,600 | N/A | JOB ORDER | Y |
| | 11/05/2018 | 12/31/2018 | PUBLIC HEALTH ASSOCIATE | DEPARTMENT OF HEALTH-RO VIII | PHP 22,149 | SG11 | CONTRACT OF SERVICE | Y |
| | 06/08/2016 | 10/31/2018 | NURSE | BAYBAY CITY HEALTH OFFICE | PHP 6,000 | N/A | JOB ORDER | Y |
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| SIGNATURE | | | | | DATE | | | |

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 | | |
| | INTERNATIONAL SURGICAL HEALTH INITIATING | 01/27/2019 | 01/31/2019 | 40.0 | NURSE |
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VII. LEARNING AND DEVELOPMENT (L&D) INTERVENTIONS/TRAINING PROGRAMS ATTENDED

| 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 | | | |
| | PSYCHOLOGICAL FIRST AID TRAINING | 03/06/2022 | 03/06/2022 | 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 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) |
|-----|-------------------------------|-----|--|-----|---|
| | MS OFFICE APPLICATION | | N/A | | PHILIPPINE NURSES' ASSOCIATION |
| | MS EXCEL | | | | |
| | MS WORD | | | | |
| | INTERNET NAVIGATION | | | | |
| | SOCIAL MEDIA AND EMAIL SYSTEM | | | | |
| | | | | | |
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(Continue on separate sheet if necessary)

| SIGNATURE | DATE |
|-----------|------|
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| <div>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)?</div> | | <div><div><div><input type="checkbox"/> YES</div><div><input checked="" type="checkbox"/> NO</div></div><div><div><input type="checkbox"/> YES</div><div><input checked="" type="checkbox"/> NO</div></div><div>If YES, give details: _____</div></div> | | | | | | | | | | | | | |
|---|---------------------------|---|--|-----------------------|---------|--------------------------|------------------------|-------------------------|---------------------------|---|--------------|---------------------------------|----------------------------|-------------------|------------|
| <div>35. a. Have you ever been found guilty of any administrative offense? b. Have you been criminally charged before any court?</div> | | <div><div><div><input type="checkbox"/> YES</div><div><input checked="" type="checkbox"/> NO</div></div><div>If YES, give details: _____</div></div> | | | | | | | | | | | | | |
| | | <div><div><div><input type="checkbox"/> YES</div><div><input checked="" type="checkbox"/> NO</div></div><div>If YES, give details: Date Filed: _____ Status of Case/s: _____</div></div> | | | | | | | | | | | | | |
| <div>36. Have you ever been convicted of any crime or violation of any law, decree, ordinance or regulation by any court or tribunal?</div> | | <div><div><div><input type="checkbox"/> YES</div><div><input checked="" type="checkbox"/> NO</div></div><div>If YES, give details: _____</div></div> | | | | | | | | | | | | | |
| <div>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?</div> | | <div><div><div><input checked="" type="checkbox"/> YES</div><div><input type="checkbox"/> NO</div></div><div>If YES, give details: _____ END OF TERM</div></div> | | | | | | | | | | | | | |
| <div>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?</div> | | <div><div><div><input type="checkbox"/> YES</div><div><input checked="" type="checkbox"/> NO</div></div><div>If YES, give details: _____</div></div> | | | | | | | | | | | | | |
| | | <div><div><div><input type="checkbox"/> YES</div><div><input checked="" type="checkbox"/> NO</div></div><div>If YES, give details: _____</div></div> | | | | | | | | | | | | | |
| <div>39. Have you acquired the status of an immigrant or permanent resident of another country?</div> | | <div><div><div><input type="checkbox"/> YES</div><div><input checked="" type="checkbox"/> NO</div></div><div>If YES, give details (country): _____</div></div> | | | | | | | | | | | | | |
| <div>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?</div> | | <div><div><div><div><input type="checkbox"/> YES</div><div><input checked="" type="checkbox"/> NO</div></div><div>If YES, please specify: _____</div><div><div><input type="checkbox"/> YES</div><div><input checked="" type="checkbox"/> NO</div></div><div>If YES, please specify ID No: _____</div><div><div><input type="checkbox"/> YES</div><div><input checked="" type="checkbox"/> NO</div></div><div>If YES, please specify ID No: _____</div></div></div> | | | | | | | | | | | | | |
| <div>41. REFERENCES (Person not related by consanguinity or affinity to applicant /appointee)</div> <table><tr><th>NAME</th><th>ADDRESS</th><th>TEL. NO.</th></tr><tr><td>SUZETTE B. ARCILLAS RN</td><td>PALO LEYTE</td><td>9061774049</td></tr><tr><td>JEROME B. PROFETANA</td><td>BAYBAY LEYTE</td><td>9778121008</td></tr><tr><td>VENICE GABRIELLE C. RELEVO</td><td>BAYBAY LEYTE</td><td>9959160075</td></tr></table> | | | | NAME | ADDRESS | TEL. NO. | SUZETTE B. ARCILLAS RN | PALO LEYTE | 9061774049 | JEROME B. PROFETANA | BAYBAY LEYTE | 9778121008 | VENICE GABRIELLE C. RELEVO | BAYBAY LEYTE | 9959160075 |
| NAME | ADDRESS | TEL. NO. | | | | | | | | | | | | | |
| SUZETTE B. ARCILLAS RN | PALO LEYTE | 9061774049 | | | | | | | | | | | | | |
| JEROME B. PROFETANA | BAYBAY LEYTE | 9778121008 | | | | | | | | | | | | | |
| VENICE GABRIELLE C. RELEVO | BAYBAY LEYTE | 9959160075 | | | | | | | | | | | | | |
| <div>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> | | <div><div><div>MARIE NINA P. DUMAGUING</div></div><div>PHOTO</div></div> | | | | | | | | | | | | | |
| <table><tr><td colspan="2">Government Issued ID (i.e.Passport, GSIS, SSS, PRC, Driver's License, etc.) PLEASE INDICATE ID Number and Date of Issuance</td></tr><tr><td>Government Issued ID:</td><td>PRC</td></tr><tr><td>ID/License/Passport No.:</td><td>0907682</td></tr><tr><td>Date/Place of Issuance:</td><td>07/11/2018 TACLOBAN LEYTE</td></tr></table> | | 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.: | 0907682 | Date/Place of Issuance: | 07/11/2018 TACLOBAN LEYTE | <table><tr><td colspan="2">Signature (Sign inside the box)</td></tr><tr><td colspan="2">Date Accomplished</td></tr></table> | | Signature (Sign inside the box) | | Date Accomplished | |
| 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.: | 0907682 | | | | | | | | | | | | | | |
| Date/Place of Issuance: | 07/11/2018 TACLOBAN LEYTE | | | | | | | | | | | | | | |
| Signature (Sign inside the box) | | | | | | | | | | | | | | | |
| Date Accomplished | | | | | | | | | | | | | | | |
| <div>SUBSCRIBED AND SWORN to before me this _____, affiant exhibiting his/her validly issued government ID as indicated above.</div> <div><div></div><div>Person Administering Oath</div></div> | | | | | | | | | | | | | | | |