

IV. CIVIL SERVICE ELIGIBILITY

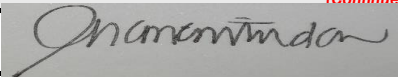
27.	CAREER SERVICE/ RA 1080 (BOARD/ BAR) UNDER SPECIAL LAWS/ CES/ CSEE BARANGAY ELIGIBILITY / DRIVER'S LICENSE	RATING (If Applicable)	DATE OF EXAMINATION / CONFERMENT	PLACE OF EXAMINATION / CONFERMENT	LICENSE (if applicable)	
					NUMBER	Date of Validity
	Board of Nursing	0.8	6/1/1995	Cebu City	0274836	8/21/1995

(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						
12/3/2021	Present	Nurse II	Province of Leyte Ormoc District Hospital	35166.00	SG-15-5	Permanent	Y
1/1/2021	12/2/2021	Nurse II	Province of Leyte Ormoc District Hospital	34724.00	SG15-4	Permanent	Y
1/1/2020	12/31/2020	Nurse II	Province of Leyte Ormoc District Hospital	33202.00	SG15-4	Permanent	Y
1/1/2019	12/31/2019	Nurse II	Province of Leyte Ormoc District Hospital	31680.00	SG15-4	Permanent	Y
7/1/2018	12/31/2018	Nurse II	Province of Leyte Ormoc District Hospital	30071.00	SG15-4	Permanent	Y
1/1/2018	6/30/2018	Nurse II	Province of Leyte Ormoc District Hospital	29713.00	SG15-4	Permanent	Y
1/1/2017	12/31/2017	Nurse II	Province of Leyte Ormoc District Hospital	28214.00	SG15-3	Permanent	Y
1/1/2016	12/31/2016	Nurse II	Province of Leyte Ormoc District Hospital	26790.00	SG15-3	Permanent	Y
12/3/2015	12/31/2015	Nurse II	Province of Leyte Ormoc District Hospital	25438.00	SG15-3	Permanent	Y
1/1/2013	12/2/2015	Nurse II	Province of Leyte Ormoc District Hospital	25161.00	SG15-3	Permanent	Y
7/1/2012	12/31/2012	Nurse II	Province of Leyte Ormoc District Hospital	22688.00	SG15-3	Permanent	Y
1/1/2012	6/30/2012	Nurse II	Province of Leyte Ormoc District Hospital	21078.00	SG15-3	Permanent	Y
1/1/2011	12/31/2011	Nurse II	Province of Leyte Ormoc District Hospital	19112.00	SG15-2	Permanent	Y
1/1/2010	12/31/2010	Nurse II	Province of Leyte Ormoc District Hospital	17147.00	SG15-2	Permanent	Y
12/3/2009	12/31/2009	Nurse II	Province of Leyte Ormoc District Hospital	15181.00	SG15-2	Permanent	Y
7/1/2008	12/2/2009	Nurse 1	Province of Leyte Ormoc District Hospital	12951.00	SG15-1	Permanent	Y
7/1/2007	6/30/2008	Nurse I	Province of Leyte Ormoc District Hospital	11774.00	SG15-7	Permanent	Y
3/17/2006	6/30/2007	Nurse I	Province of Leyte Ormoc District Hospital	10704.00	SG10-6	Permanent	Y
3/17/2003	3/16/2006	Nurse I	Province of Leyte Ormoc District Hospital	10442.00	SG10-5	Permanent	Y
7/1/2001	3/16/2003	Nurse I	Province of Leyte Ormoc District Hospital	10188.00	SG10-4	Permanent	Y
3/17/2000	6/30/2001	Nurse I	Province of Leyte Ormoc District Hospital	9716.00	SG10-3	Permanent	Y
1/1/2000	3/16/2000	Nurse I	Province of Leyte Ormoc District Hospital	9466.00	SG10-2	Permanent	Y
1/1/2000		Nurse I	Province of Leyte Ormoc District Hospital	8605.00	SG10-1	Permanent	Y
3/17/1997	12/31/1999	Nurse I	Province of Leyte Ormoc District Hospital	6013.00	SG10-1	Permanent	Y

6/1/1996	3/30/1997	Clinical Instructor	Franciscan College of the Immaculate Conception	5000.00		Casual	N
(Continue on separate sheet if necessary)							
SIGNATURE				DATE	02-18-2022		

VI. VOLUNTARY WORK OR INVOLVEMENT IN CIVIC / NON-GOVERNMENT / PEOPLE / VOLUNTARY ORGANIZATION/S

[illegible]

(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)

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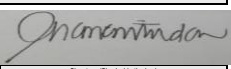
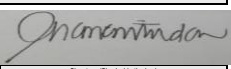
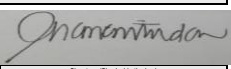


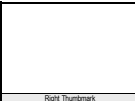


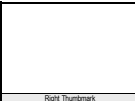


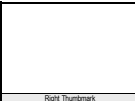
(Continue on separate sheet if necessary)

VIII. OTHER INFORMATION

31.	SPECIAL SKILLS and HOBBIES	32.	NON-ACADEMIC DISTINCTIONS / RECOGNITION (Write in full)	33.	MEMBERSHIP IN ASSOCIATION/ORGANIZATION (Write in full)
	Cooking		Best BEmONC Team Region 8 2014, 2015, 2016, 2017, 2018, 2019		PNA
	Driving				

(Continue on separate sheet if necessary)

SIGNATURE		DATE	02-18-2022
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<p>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)?</p>	<p><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If YES, give details: _____</p>												
<p>35. a. Have you ever been found guilty of any administrative offense? b. Have you been criminally charged before any court?</p>	<p><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If YES, give details: _____</p> <p><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If YES, give details: _____ Date Filed: _____ Status of Case/s: _____</p>												
<p>36. Have you ever been convicted of any crime or violation of any law, decree, ordinance or regulation by any court or tribunal?</p>	<p><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If YES, give details: _____</p>												
<p>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?</p>	<p><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If YES, give details: _____</p>												
<p>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?</p>	<p><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If YES, give details: _____</p> <p><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If YES, give details: _____</p>												
<p>39. Have you acquired the status of an immigrant or permanent resident of another country?</p>	<p><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If YES, give details (country): _____</p>												
<p>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?</p>	<p><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If YES, please specify: _____</p> <p><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If YES, please specify ID No: _____</p> <p><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If YES, please specify ID No: _____</p>												
<p>41. REFERENCES (Person not related by consanguinity or affinity to applicant/appointee)</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 33%;">NAME</th> <th style="width: 33%;">ADDRESS</th> <th style="width: 33%;">TEL. NO.</th> </tr> </thead> <tbody> <tr> <td>Dr. Ma. Lourdes Banquero</td> <td>Chief of Hospital Ormoc District Hospital</td> <td>9176598007</td> </tr> <tr> <td>Mr. Flaviano Villarente RN</td> <td>Chief Nurse ODH</td> <td>9295555695</td> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table>		NAME	ADDRESS	TEL. NO.	Dr. Ma. Lourdes Banquero	Chief of Hospital Ormoc District Hospital	9176598007	Mr. Flaviano Villarente RN	Chief Nurse ODH	9295555695			
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Mr. Flaviano Villarente RN	Chief Nurse ODH	9295555695											
<p>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.</p>													
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="font-size: small;">Government Issued ID (e.g. Passport, GSIS, SSN, PRIC, Driver's License, etc.) PLEASE INDICATE ID Number and Date of Issuance</td> </tr> <tr> <td>Government Issued ID: PRC</td> </tr> <tr> <td>ID/License/Passport No.: 8274638</td> </tr> <tr> <td>Date/Place of Issuance: 8/21/1995</td> </tr> </table>	Government Issued ID (e.g. Passport, GSIS, SSN, PRIC, Driver's License, etc.) PLEASE INDICATE ID Number and Date of Issuance	Government Issued ID: PRC	ID/License/Passport No.: 8274638	Date/Place of Issuance: 8/21/1995	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="text-align: center; height: 100px;">  </td> </tr> <tr> <td style="text-align: center;"> Signature (Sign inside the box) 02-18-2022 Date Accomplished </td> </tr> </table>		Signature (Sign inside the box) 02-18-2022 Date Accomplished						
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