

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)	N/A
MIDDLE NAME	PRADO		
3. DATE OF BIRTH (mm/dd/yyyy)	7/2/1987	16. CITIZENSHIP	☒ Filipino ☐ Dual Citizenship ☐ by birth ☐ by naturalization Pls. indicate country:
4. PLACE OF BIRTH	TERESA, RIZAL	If holder of dual citizenship, please indicate the details.	
5. SEX	☐ Male ☒ Female		
6. CIVIL STATUS	☐ Single ☒ Married ☐ Widowed ☐ Separated ☐ Other/s:	17. RESIDENTIAL ADDRESS	N/A SITIO HINUBIGON House/Block/Lot No Street N/A SAN ISIDRO Subdivision/Village Barangay BAYBAY LEYTE City/Municipality Province
7. HEIGHT (m)	1.58 m	ZIP CODE	6521
8. WEIGHT (kg)	68kg	18. PERMANENT ADDRESS	N/A SITIO HINUBIGON House/Block/Lot No Street N/A SAN ISIDRO Subdivision/Village Barangay BAYBAY LEYTE City/Municipality Province
9. BLOOD TYPE	B+	ZIP CODE	6521
10. GSIS ID NO	2005690528	19. TELEPHONE NO.	N/A
11. PAG-IBIG ID NO	121231783813	20. MOBILE NO.	09233747251
12. PHILHEALTH NO	130251242683	21. E-MAIL ADDRESS (if any)	mcabrieleber123@gmail.com
13. SSS NO	N/A		
14. TIN NO	730908460000		
15. AGENCY EMPLOYEE NO	N/A		

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	LOCAL GOVERNMENT UNIT		MCANUARIE P. DUMAGUING	01/13/2022
BUSINESS ADDRESS	R.MAGSAYSAY AVENUE BAYBAY CITY			
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	1996	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)

SIGNATURE	<i>Ninafact</i>	DATE	3-20-2023
-----------	-----------------	------	-----------

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	0907682	7/2/2024
	NON-PROFESSIONAL DRIVER'S LICENSE	N/A	4/11/2015	BAYBAY CITY	H12-002918	7/2/2023

V. WORK EXPERIENCE
 (Include private employment. Start from your recent work) Description of duties should be indicated in the attached Work Experience sheet.

(Include private employment. Start from your recent work) Description of duties should be indicated in the attached Work Experience sheet

(Include private employment. Start from your recent work) Description of duties should be indicated in the attached Work Experience sheet

(Continue on separate sheet if necessary)				
SIGNATURE	<i>M. Malachuk</i>	DATE	3-20-2023	NOTED

SIGNATURE	<i>M. Malachuk</i>	DATE	3-20-2023
-----------	--------------------	------	-----------

3-20-2023

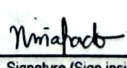
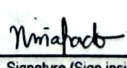
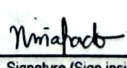
[illegible]

VII. LEARNING AND DEVELOPMENT (L&D) INTERVENTIONS/TRAINING PROGRAMS ATTENDED

(Continue on separate sheet if necessary)

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				

SIGNATURE	<i>N. Infante</i>	DATE	3-20-2023
-----------	-------------------	------	-----------

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)?	☐ YES ☒ NO ☐ YES ☒ 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?	☐ YES ☒ NO If YES, give details: _____ ☐ 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 law, decree, ordinance or regulation by any court or tribunal?	☐ YES ☒ 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?	☒ YES ☐ NO If YES, give details: _____ END OF TERM												
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?	☐ YES ☒ NO If YES, give details: _____ ☐ YES ☒ NO If YES, give details: _____												
39. Have you acquired the status of an immigrant or permanent resident of another country?	☐ YES ☒ 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?	☐ YES ☒ NO If YES, please specify: _____ ☐ YES ☒ NO If YES, please specify ID No: _____ ☐ YES ☒ NO If YES, please specify ID No: _____												
41. REFERENCES (Person not related by consanguinity or affinity to applicant /appointee) <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>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>ANN RHEA A. CELAYA</td> <td>BAYBAY LEYTE</td> <td>9700359601</td> </tr> </tbody> </table>		NAME	ADDRESS	TEL. NO.	SUZETTE B. ARCILLAS RN	PALO LEYTE	9061774049	JEROME B. PROFETANA	BAYBAY LEYTE	9778121008	ANN RHEA A. CELAYA	BAYBAY LEYTE	9700359601
NAME	ADDRESS	TEL. NO.											
SUZETTE B. ARCILLAS RN	PALO LEYTE	9061774049											
JEROME B. PROFETANA	BAYBAY LEYTE	9778121008											
ANN RHEA A. CELAYA	BAYBAY LEYTE	9700359601											
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.													
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="2">Government Issued ID (i.e. Passport, GSIS, SSS, PRC, Driver's License, etc.)</td> </tr> <tr> <td colspan="2">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 border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="text-align: center;">  Signature (Sign inside the box) 3-10-2023 Date Accomplished </td> <td style="text-align: center;">  Right Thumbmark </td> </tr> </table>	 Signature (Sign inside the box) 3-10-2023 Date Accomplished	 Right Thumbmark
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) 3-10-2023 Date Accomplished	 Right Thumbmark												
SUBSCRIBED AND SWORN to before me this _____, affiant exhibiting his/her validly issued government ID as indicated above. Person Administering Oath													