CS Form No. 212
Revised 2017

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
4. PLACE OF BIRTH	TERESA, RIZAL	If holder of dual citizenship, please indicate the details.	Pls. indicate country:
5. SEX	☐ Male ☑ Female		
6. CIVIL STATUS	☐ Single ☑ Married ☐ Widowed ☐ Separated ☐ Other/s:	17. RESIDENTIAL ADDRESS	N/A (House/Block/Lot No.) SITIO HINUBIGON (Street); N/A (Subdivision/Village) SAN ISIDRO (Barangay); BAYBAY (City/Municipality) LEYTE (Province); ZIP CODE 6521
7. HEIGHT (m)	1.58 m		
8. WEIGHT (kg)	68kg		
9. BLOOD TYPE	B+	18. PERMANENT ADDRESS	N/A (House/Block/Lot No.) SITIO HINUBIGON (Street); N/A (Subdivision/Village) SAN ISIDRO (Barangay); BAYBAY (City/Municipality) LEYTE (Province); ZIP CODE 6521
10. GSIS ID NO.	2005690528		
11. PAG-IBIG ID NO.	121231783813		
12. PHILHEALTH NO.	130251242683		
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	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 From	PERIOD OF ATTENDANCE To	HIGHEST LEVEL/ UNITS EARNED (if not graduated)	YEAR GRADUATED	SCHOLARSHIP/ ACADEMIC HONORS RECEIVED
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		DATE	
	Mmafacb		3-20-2023

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

(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						
1/10/2022	12/31/2022	NURSE II	DEPARTMENT OF HEALTH EASTERN VISAYAS CENTER FOR HEALTH	PHP 38, 150	SG15	PS CONTRUCTUAL	Y
01/18/2021	12/31/2021	NURSE I	DEPARTMENT OF HEALTH EASTERN VISAYAS CENTER FOR HEALTH	PHP 33,575	SG15	PS CONTRUCTUAL	Y
3/4/2020	12/31/2020	NURSE II	DEPARTMENT OF HEALTH EASTERN VISAYAS CENTER FOR HEALTH	PHP 32,056	SG15	PS CONTRUCTUAL	Y
9/16/2009	12/31/2019	NURSE II	DEPARTMENT OF HEALTH EASTERN VISAYAS CENTER FOR HEALTH	PHP 30,531	SG15	PS CONTRUCTUAL	Y
1/3/2019	05/31/2019	NURSE	BAYBAY CITY HEALTH OFFICE	PHP 6,600	N/A	JOB ORDER	Y
5/11/2018	12/31/2018	PUBLIC HEALTH ASSOCIATE	DEPARTMENT OF HEALTH-RO VIII	PHP 22,149	SG11	CONTRACT OF SERVICE	Y
8/6/2016	10/31/2019	NURSE	BAYBAY CITY HEALTH OFFICE	PHP 6,000	N/A	JOB ORDER	Y

(Continue on separate sheet if necessary)

SIGNATURE		DATE	3-20-2023

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) From	To	NUMBER OF HOURS	POSITION / NATURE OF WORK
INTERNATIONAL SURGICAL HEALTH INITIATING	01/27/2019	01/31/2019	40.0	NURSE

(Continue on separate sheet if necessary)

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) From	To	NUMBER OF HOURS	Type of LD (Managerial/ Supervisory/ Technical/etc)	CONDUCTED/ SPONSORED BY (Write in full)
PSYCHOLOGICAL FIRST AID TRAINING	6/3/2022	6/3/2022	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	3/9/2018	3/7/2019	24.0	TECHNICAL	PROVINCIAL HEALTH OFFICE
FOOD OPERATION/HANDLER'S CLASS	11/9/2018	11/9/2018	8.0	TECHNICAL	CITY HEALTH OFFICE
WORLD RABIES DAY 2018	09/28/2018	09/28/2018	8.0	TECHNICAL	CITY HEALTH OFFICE

(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		

(Continue on separate sheet if necessary)

SIGNATURE		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 apppointed, 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?	☐ YES ☑ NO If YES, give details:
b. Have you been criminally charged before any court?	☐ 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)?	☐ YES ☑ NO If YES, give details:
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:
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)

NAME	ADDRESS	TEL. NO.
SUZETTE B. ARCILLAS RN	PALO LEYTE	9061774049
JEROME B. PROFETANA	BAYBAY LEYTE	9778121008
ANN RHEA A. CELAYA	BAYBAY LEYTE	9700359601

ID picture taken within the last 6 months 4.5 cm. X 3.5 cm (passport size)

Computer generated or photocopied picture is not acceptable

PHOTO

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.

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)

3-20-2023

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