

Print legibly. Mark appropriate boxes ☐ with ☒ and use separate sheet if necessary

GSIS ID No.

(to be filled up by CSC)

I. PERSONAL INFORMATION

2. SURNAME	C A L U N G S O D										
FIRST NAME	P H O E B E L Y N N										
MIDDLE NAME	B O L F A N G O										
3. NAME EXTENSION (e.g. Jr., Sr.)											
4. DATE OF BIRTH (mm/dd/yyyy)	04/05/1976		16. RESIDENTIAL ADDRESS		MAITUM, BAYBAY CITY, LEYTE						
5. PLACE OF BIRTH	Baybay Leyte		ZIP CODE		6521						
6. SEX	<input type="checkbox"/> Male <input checked="" type="checkbox"/> Female										
7. CIVIL STATUS	<input checked="" type="checkbox"/> Single <input type="checkbox"/> Widowed <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Annulled <input type="checkbox"/> Others, specify _____		17. TELEPHONE NO.								
8. CITIZENSHIP	FILIPINO		18. PERMANENT ADDRESS		MAITUM, BAYBAY CITY, LEYTE						
9. HEIGHT (m)	1.65		ZIP CODE		6521						
10. WEIGHT (kg)	65										
11. BLOOD TYPE	O+		19. TELEPHONE NO.								
12. GSIS ID NO.	020 034 94597		20. E-MAIL ADDRESS (if any)		phoebecalungsod@yahoo.com.ph						
13. PAG-IBIG ID NO.	1700-0032-4497		21. CELLPHONE NO. (if any)		0915-1380-656						
14. PHILHEALTH NO.	12-050317581-4		22. AGENCY EMPLOYEE NO.		VO0134						
15. SSS NO.			23. TIN		204-679-770						

II. FAMILY BACKGROUND

24. SPOUSE'S SURNAME			25. NAME OF CHILD (Write full name and list all)	DATE OF BIRTH (mm/dd/yyyy)	
FIRST NAME			MIKONE JOSHUA CALUNGSOD	04/01/2001	
MIDDLE NAME				/ /	
OCCUPATION				/ /	
EMPLOYER/BUS. NAME				/ /	
BUSINESS ADDRESS				/ /	
TELEPHONE NO.				/ /	
(Continue on separate sheet if necessary)					
26. FATHER'S SURNAME	CALUNGSOD			/ /	
FIRST NAME	FELIPE			/ /	
MIDDLE NAME	SARSONAS			/ /	
27. MOTHER'S MAIDEN NAME				/ /	
SURNAME	BOLFANGO			/ /	
FIRST NAME	MA. LOURINES			/ /	
MIDDLE NAME	PANCITO			/ /	
(Continue on separate sheet if necessary)					

III. EDUCATIONAL BACKGROUND

28. LEVEL	NAME OF SCHOOL (Write in full)	DEGREE COURSE (Write in full)	YEAR GRADUATED (if graduated)	HIGHEST GRADE/ LEVEL/ UNITS EARNED (if not graduated)	INCLUSIVE DATES OF ATTENDANCE		SCHOLARSHIP/ ACADEMIC HONORS RECEIVED
					From	To	
ELEMENTARY	BAYBAY NORTH CENTRAL SCHOOL DULAG SPED CENTER		1988	JUNE 1983	Mar. 1988		5th Hon. Mention
SECONDARY	BAYBAY NATIONAL HIGH SCHOOL		1993	JUNE 1988	Mar. 1993		Valedictorian
VOCATIONAL / TRADE COURSE							
COLLEGE	UNIVERISTY OF CEBU	BS: IN Nursing	1997	JUNE 1993	April 1997		
GRADUATE STUDIES	SOUTHWESTERN UNIVERSITY	MA IN NURSING	2010	October 2009	Oct-10		
	UNIVERSITY OF THE PHILIPPINES MANILA	PhD in NURSING		June 2013			

(Continue on separate sheet if necessary)

IV. CIVIL SERVICE ELIGIBILITY

29. CAREER SERVICE/ RA 1080 (BOARD/ BAR) UNDER SPECIAL LAWS/ CES/ CSEE	RATING	DATE OF EXAMINATION / CONFERMENT	PLACE OF EXAMINATION / CONFERMENT	LICENSE (if applicable)	
				NUMBER	DATE OF RELEASE
Philippine Nurses Licensure Examination	78.10%	May 1-2, 1997	Cebu City Phil.	312932	July 22, 1997

(Continue on separate sheet if necessary)

V. WORK EXPERIENCE (Include private employment. Start from your current work)

30. INCLUSIVE DATES (mm/dd/yyyy)		POSITION TITLE (Write in full)	DEPARTMENT / AGENCY / OFFICE / COMPANY (Write in full)	MONTHLY SALARY	SALARY GRADE & STEP INCREMENT (Format "00-0")	STATUS OF APPOINTMENT	GOVT SERVICE (Yes / No)
From	To						
2015	Present	Instructor II	VSU			Temporary	YES
4 / 1 /98	10 / /2015	Instructor I	VSU	19,940.00		Temporary	YES
10/01/1996	9 / 30 /1997	GNU Nurse	MEDICAL CENTER MANILA	10,000.00		Contractual	NO
10 / 15 2003	7 / 30/2006	Dental Nurse	AL MOZHER DENTAL POLYCLINIC	35,000.00		Contractual	NO
06/01/2001	10/10/2001	Emergency Room/Charge Nurse	NORTH GENERAL HOSPITAL	9,000.00		Contractual	NO
10/20/1999	01/30/2001	Staff/code Nurse	CEBU DOCTORS HOSPITAL	7,000.00		Contractual	NO
/ /	/ /						
/ /	/ /						
/ /	/ /						
/ /	/ /						
/ /	/ /						
/ /	/ /						
/ /	/ /						
/ /	/ /						
/ /	/ /						
/ /	/ /						
/ /	/ /						
/ /	/ /						
/ /	/ /						
/ /	/ /						
/ /	/ /						
/ /	/ /						
/ /	/ /						
/ /	/ /						

(Continue on separate sheet if necessary)

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

31.	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. TRAINING PROGRAMS (Start from the most recent training.)	
--	--

[illegible]

(Continue on separate sheet if necessary)

VIII. OTHER INFORMATION

33. SPECIAL SKILLS / HOBBIES:	34. NON-ACADEMIC DISTINCTIONS / RECOGNITION: (Write in full)	35. MEMBERSHIP IN ASSOCIATION/ORGANIZATION (Write in full)
		Philippine Nurses Association

(Continue on separate sheet if necessary)

36. Are you related by consanguinity or affinity to any of the following :

a. Within the third degree (for National Government Employees):
authority, recommending authority, chief of office/bureau/department or person who has immediate supervision over you in the Office, Bureau or Department where you will be appointed?

appointing

☐ YES ☒ NO
If YES, give details:

b. Within the fourth degree (for Local Government Employees):
authority or recommending authority where you will be appointed?

appointing

☐ YES ☒ NO
If YES, give details:

37 a. Have you ever been formally charged?

☐ YES ☒ NO
If YES, give details:

b. Have you ever been guilty of any administrative offense?

☐ YES ☒ NO
If YES, give details:

38. 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:

39. 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, AWOL or phased out, in the public or private sector?

☐ YES ☒ NO
If YES, give details:

40. Have you ever been a candidate in a national or local election (except Barangay election)?

☐ YES ☒ NO
If YES, give details:

41. 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?

☐ YES ☒ NO
If YES, please specify:

b. Are you differently abled?

☐ YES ☒ NO
If YES, please specify:

c. Are you a solo parent?

☒ YES ☐ NO
If YES, please specify:

42. REFERENCES (Person not related by consanguinity or affinity to applicant / appointee)

NAME	ADDRESS	TEL. NO.
EDUARDO E. TULIN	VSU, VISCA, BAYBAY, CITY, LEYTE	
MANOLO B. LORETO	VSU, VISCA, BAYBAY, CITY, LEYTE	

43. I declare under oath that this Personal Data Sheet has been accomplished by me, and is a true, correct and complete statement pursuant to the provisions of pertinent laws, rules and regulations of the Republic of the Philippines.

I also authorize the agency head / authorized representative to verify / validate the contents stated herein. I trust that this information shall remain confidential.

21991988

COMMUNITY TAX CERTIFICATE NO.

GENERAL TRIAS, CAVITE

ISSUED AT

07 / 05 /2016

ISSUED ON (mm/dd/yyyy)

SIGNATURE (Sign inside the box)

8/30/2016

DATE ACCOMPLISHED