

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	CATINDOY		
FIRST NAME	CHRISTENED GRACE	NAME EXTENSION (JR., SR)	
MIDDLE NAME	CAPATOY		
3. DATE OF BIRTH (mm/dd/yyyy)	10/24/1996	16. CITIZENSHIP	<input checked="" type="checkbox"/> Filipino <input type="checkbox"/> Dual Citizenship <input type="checkbox"/> by birth <input type="checkbox"/> by naturalization Pls. indicate country:
4. PLACE OF BIRTH	TACLOBAN CITY	If holder of dual citizenship, please indicate the details.	Philippines ▼
5. SEX	<input type="checkbox"/> Male <input checked="" type="checkbox"/> Female		
6 CIVIL STATUS	<input checked="" type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Separated <input type="checkbox"/> Other/s:	17. RESIDENTIAL ADDRESS	622 VELARDE House/Block/Lot No. Street SALVACION POBLACION Subdivision/Village Barangay ALANGALANG LEYTE City/Municipality Province
7. HEIGHT (m)	5'2	ZIP CODE	6517
8. WEIGHT (kg)	58	18. PERMANENT ADDRESS	VELARDE House/Block/Lot No. Street SALVACION POBLACION Subdivision/Village Barangay ALANGALANG LEYTE City/Municipality Province
9. BLOOD TYPE	O	ZIP CODE	6517
10. GSIS ID NO.	N/A	19. TELEPHONE NO.	0538394133
11. PAG-IBIG ID NO.	121208578484	20. MOBILE NO.	09452165101
12. PHILHEALTH NO.	020269587297	21. E-MAIL ADDRESS (if any)	christenedgracecatindoy.12@gmail.com

II. FAMILY BACKGROUND

22. SPOUSE'S SURNAME	NA		23. NAME OF CHILDREN (Write full name and list all)	DATE OF BIRTH (mm/dd/yyyy)
FIRST NAME	NA	NAME EXTENSION (JR., SR)	NA	NA
MIDDLE NAME	NA		NA	NA
OCCUPATION	NA		NA	NA
EMPLOYER/BUSINESS NAME	NA		NA	NA
BUSINESS ADDRESS	NA		NA	NA
TELEPHONE NO.	NA		NA	NA
24. FATHER'S SURNAME	CATINDOY		NA	NA
FIRST NAME	AGNILO	NAME EXTENSION (JR., SR)	NA	NA
MIDDLE NAME	DECENA		NA	NA
25. MOTHER'S MAIDEN NAME	SALVACION B. CAPATOY		NA	NA
SURNAME	CAPATOY		NA	NA
FIRST NAME	SALVACION		NA	NA
MIDDLE NAME	BALASANOS		(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	ALANGALANG I CENTRAL SCHOOL	NA	2003	2009	GRADUATE	2009	WITH HONORS
SECONDARY	ALANGALANG NATIONAL HIGH SCHOOL	NA	2009	2013	GRADUATE	2013	5TH HON. MENTION
VOCATIONAL / TRADE COURSE	NA	NA	NA				
COLLEGE	VISAYAS STATE UNIVERSITY	BACHELOR OF SCIENCE IN ENVIRONMENTAL MANAGEMENT	2013	2017	GRADUATE	2017	CUM LAUDE
GRADUATE STUDIES	EASTERN VISAYAS STATE UNIVERSITY	MASTER IN PUBLIC RESOURCE MANAGEMENT	AUGUST 2022	PRESENT	33		

(Continue on separate sheet if necessary)

SIGNATURE		DATE	02/02/2024
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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
	PD 907 (HONOR ELIGIBILITY)	N/A	N/A	CSC OFFICE PALO, LEYTE	100108170571	06/17/2017

*****NOTHING AS FOLLOWS*****

(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	GOVT SERVICE (Y/ N)
	From	To						
	May 15, 2023	Present	OIC-HUMAN RESOURCE OFFICER	UNITED SHALOM MEDICAL CENTER	18, 000		REGULAR	N
	June 21, 2021	May 14, 2023	HUMAN RESOURCE STAFF	UNITED SHALOM MEDICAL CENTER	13, 000		REGULAR	N
	July 18, 2018	May 12, 2021	PAYROLL SPECIALIST / SME	CONCENTRIX CEBU	27, 000		REGULAR	N
	August 2017	March 2018	FRAUD ANALYST	SITEL MANILA	21, 000		REGULAR	N

NOTHING AS FOLLOWS

[illegible]

(Continue on separate sheet if necessary)

(Continue on separate sheet if necessary)				
SIGNATURE		DATE	02/02/2024	

29.	NAME & ADDRESS OF ORGANIZATION (Write in full)	INCLUSIVE DATES (mm/dd/yyyy)		NUMBER OF HOURS	POSITION / NATURE OF WORK
		From	To		
	SUPREME STUDENT GOVERNMENT	2012	2013		4TH YEAR REPRESENTATIVE
	SOCIETY OF ENVIRONMENTAL MANAGEMENT STUDENTS	2014	2015		AUDITOR
	COLLEGE OF SUPREME STUDENT COUNCIL	2015	2016		BOARD MEMBER
NOTHING AS FOLLOWS					




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


[illegible]

VIII. OTHER INFORMATION

III. OTHER INFORMATION		
31. SPECIAL SKILLS and HOBBIES	32. NON-ACADEMIC DISTINCTIONS / RECOGNITION (Write in full)	33. MEMBERSHIP IN ASSOCIATION/ORGANIZATION (Write in full)
PUBLIC SPEAKING	AMBASSADOR IN COMMUNICATION	NA
RESEARCH WRITING	NA	NA
Nothing as follows		

SIGNATURE	Kaitany	DATE	02/02/2024
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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,</p> <p>a. within the third degree?</p> <p>b. within the fourth degree (for Local Government Unit - Career Employees)?</p>	<p><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p><input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>If YES, give details: _____</p>																				
<p>35. a. Have you ever been found guilty of any administrative offense?</p> <p>b. Have you been criminally charged before any court?</p>	<p><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>If YES, give details: _____</p> <p><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>If YES, give details: _____</p> <p>Date Filed: _____</p> <p>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</p> <p>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 checked="" type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>If YES, give details: _____</p> <p>Resignation</p>																				
<p>38. a. Have you ever been a candidate in a national or local election held within the last year (except Barangay election)?</p> <p>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</p> <p>If YES, give details: _____</p> <p><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>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</p> <p>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:</p> <p>a. Are you a member of any indigenous group?</p> <p>b. Are you a person with disability?</p> <p>c. Are you a solo parent?</p>	<p><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>If YES, please specify: _____</p> <p><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>If YES, please specify ID No: _____</p> <p><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>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. Rommel D. Capungcol</td> <td>Tacloban City</td> <td>0927-469-9067</td> </tr> <tr> <td>Mabelle C. Bequilla</td> <td>Palo Leyte</td> <td>0953-220-7885</td> </tr> <tr> <td>Santos E. Getalado</td> <td>Tacloban City</td> <td>0917-707-7750</td> </tr> </tbody> </table>		NAME	ADDRESS	TEL. NO.	Dr. Rommel D. Capungcol	Tacloban City	0927-469-9067	Mabelle C. Bequilla	Palo Leyte	0953-220-7885	Santos E. Getalado	Tacloban City	0917-707-7750								
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<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>																					
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<p>SUBSCRIBED AND SWORN to before me this _____, affiant exhibiting his/her validly issued government ID as indicated above.</p> <div style="border: 1px solid black; width: 300px; height: 100px; margin: 10px auto; position: relative;"> <div style="position: absolute; bottom: 5px; left: 50%; transform: translateX(-50%);"> Person Administering Oath </div> </div>																					



PHOTO

Right Thumbmark