CS Form No. 212 Revised 2017	PER	RSOI	NAL DAT	A SH	IEET				
	tion made in the Personal Data Si	heet and the	Work Experience Sheet sh	all cause the	filing of administrativ	e/criminal case/s a	gainst the pe	erson	
concerned. READ THE ATTACHED GUIDE	TO FILLING OUT THE PERSONAL	L DATA SHE	ET (PDS) BEFORE ACCOM	PLISHING TH	E PDS FORM.				
) and use separate sheet if neces	sary. Indicate	N/A if not applicable. DO NOT	ABBREVIATE.	1. CS ID No		(Do not fill up. I	For CSC use onl	
I. PERSONAL INFORMATION 2. SURNAME	MACATO								
	IMACATO		IOUNI DALII	NAME EXTENSION (JR., SR) N/A					
FIRST NAME			JOHN PAUL						
MIDDLE NAME 3. DATE OF BIRTH			CATALINO						
(mm/dd/yyyy)	7/14/2002		16. CITIZENSHIP		✓ Filipino	Dual Citizenship	_		
4. PLACE OF BIRTH	TACLOBAN CITY		If holder of dual citize	nshin			✓ by birth by naturalization Pls. indicate country:		
			please indicate the de		i is. maiotic country.				
5. SEX		Female	17. RESIDENTIAL ADDRESS	ı	N/A		N/A		
6 CIVIL STATUS	Single Widowed	Married Separated	17. RESIDENTIAL ADDRESS	Ног	use/Block/Lot No.		Street		
	Other/s:			Su	N/A bdivision/Village		DOLHO Barangay		
7. HEIGHT (m)	1.73 M				BATO Citv/Municipality		LEYTE Province		
8. WEIGHT (kg)	79 KG		ZIP CODE	6525	жултальораму		7 70 7 7 7 7		
9. BLOOD TYPE	N/A		18. PERMANENT ADDRESS		N/A		N/A		
10. GSIS ID NO.	N/A				use/Block/Lot No. N/A		Street DOLHO		
11. PAG-IBIG ID NO.	NI/A			Su BATO	bdivision/Village		Barangay LEYTE		
	N/A			С	City/Municipality		Province		
12. PHILHEALTH NO.	13-250320905-9	13-250320905-9 ZIP CODE			6525				
13. SSS NO.	N/A		19. TELEPHONE NO.		N/A				
14. TIN NO.	665-823-084-000		20. MOBILE NO.		09999190462				
15. AGENCY EMPLOYEE NO.	N/A		21. E-MAIL ADDRESS (if any)	SS (if any) <u>macato.johnpaul.bsbio@gmail.com</u>					
II. FAMILY BACKGROUND									
22. SPOUSE'S SURNAME		N/A		23. NAME of CHILDREN (Write full name and list all)			DATE OF BIRTH (mm/dd/yyyy)		
FIRST NAME	N/A		NAME EXTENSION (JR., SR) N/A		N/A		N/A		
MIDDLE NAME		N/A			N/A		N/A		
OCCUPATION		N/A			N/A			N/A	
EMPLOYER/BUSINESS NAME		N/A			N/A			N/A	
BUSINESS ADDRESS		N/A			N/A		N/A		
TELEPHONE NO.		N/A		N/A		N/A			
24. FATHER'S SURNAME	N	MACATO	NAME EXTENDION (12 OD)	N/A		N/A			
FIRST NAME	RAUL		NAME EXTENSION (JR., SR) N/A		N/A		N/A		
MIDDLE NAME		CUA			N/A		N	N/A	
25. MOTHER'S MAIDEN NAME						N	N/A		
SURNAME	CATALINO			N/A		N/A			
FIRST NAME	ERMA			N/A		N	N/A		
MIDDLE NAME		OTARRA			(Continue on	separate sheet if necess	ary)		
III. EDUCATIONAL BACKGI						HIGHEST LEVEL/		SCHOLARSHIP/	
26. LEVEL	NAME OF SCHOOL full)	(Write in	BASIC EDUCATION/DEGREE/CO (V	OURSE Vrite in full)	PERIOD OF ATTENDANCE From To	UNITS EARNED (if not graduated)	YEAR GRADUATED	ACADEMIC HONORS RECEIVED	

	*					*/			
III. EDUCATIONAL BACKGROUND									
26. LEVEL	NAME OF SCHOOL (Write in full)	BASIC EDUCATION/DEGREE/COURSE (Write in full)	PERIOD OF ATTENDANCE			YEAR GRADUATED			
	,		From	To	(if not graduated)		RECEIVED		
ELEMENTARY	BATO CENTRAL SCHOOL	ELEMENTARY	5/1/2009	6/1/2014	GRADUATED	2014	N/A		
SECONDARY	HILONGOS NATIONAL VOCATIONAL SCHOOL	SENIOR HIGH SCHOOL	6/7/2018	6/8/2020	GRADUATED	2020	N/A		
VOCATIONAL /	N/A	N/A	N/A	N/A	N/A	N/A	N/A		
COLLEGE	COLLEGE LEYTE NORMAL UNIVERSITY		8/1/2021	6/14/2024	GRADUATED	2024	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			DA	DATE August 14, 2025					

IV. CIVIL SERVICE ELIGIBILITY									
27. CAREER SERVICE/ RA 1080 (BOARD/ BAR) UNDER		RATING	DATE OF EXAMINATION /	PLACE OF EXAMINATION / CONFERMENT		OMENIT	LICENSE (if applicable)		
SPECIAL LAWS/ CES/ CSEE BARANGAY ELIGIBILITY / DRIVER'S LICENSE		(If Applicable)	CONFERMENT				NUMBER	Date of Validity	
CAREER SERVICE PROFESSIONAL ELIGIBILITY			83.5	3/2/2025	LEYTE NATIONAL HIGH SCHOOL, ATHLETIC ROAD TACLOBAN CITY			N/A	N/A
N/A		N/A	N/A	N/A			N/A	N/A	
	N/A	1	N/A	N/A	N	/A		N/A	N/A
	N/A	\ 	N/A	N/A	N	/A		N/A	N/A
	N/A		N/A	N/A	N/A N/A		I/A		N/A
N/A		N/A	N/A N/A				N/A	N/A	
N/A			N/A	N/A N/A				N/A	N/A
V. WORK E	XPERIENCE		(Cor	ntinue on separate sheet	if necessary)				
			t work) Descriptio	n of duties should l	be indicated in the attach	ed Work Ex	perience shee	et.	GUV
	SIVE DATES m/dd/yyyy) To	POSITION TITLE not abbrevia	(Write in full/Do	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	SERVICE
7/2/2024	6/9/2025	ADMINISTRATIVE A	ASSISTANT	GPK CONSTRI	UCTION AND SUPPLY	8500.00	N/A	REGULAR (PRIVATE	NO
N/A	N/A	N/A			N/A	N/A	N/A	SECTOR) N/A	N/A
N/A	N/A	N/A			N/A	N/A	N/A	N/A	N/A
N/A	N/A	N/A			N/A	N/A	N/A	N/A	
N/A	N/A	N/A		N/A			N/A	N/A	N/A
N/A	N/A	N/A		N/A			N/A	N/A	N/A
N/A	N/A	N/A		N/A		N/A	N/A	N/A	N/A
N/A	N/A	N/A		N/A		N/A	N/A	N/A	N/A
N/A	N/A	N/A		N/A		N/A	N/A	N/A	N/A
N/A	N/A	N/A			N/A	N/A	N/A	N/A	
N/A	N/A	N/A		N/A		N/A	N/A	N/A	N/A
N/A	N/A	N/A		N/A		N/A	N/A	N/A	N/A
N/A	N/A	N/A		N/A		N/A	N/A	N/A	N/A
N/A	N/A	N/A		N/A		N/A	N/A	N/A	N/A
N/A	N/A	N/A			N/A	N/A	N/A	N/A	N/A
N/A	N/A	N/A		N/A N/A		N/A	N/A	N/A	N/A
N/A N/A	N/A N/A	N/A N/A		N/A		N/A N/A	N/A N/A	N/A N/A	N/A N/A
N/A N/A	N/A N/A	N/A		N/A		N/A N/A	N/A N/A	N/A N/A	N/A N/A
N/A	N/A	N/A		N/A		N/A	N/A	N/A	N/A
N/A	N/A	N/A			N/A	N/A	N/A	N/A	N/A
N/A	N/A	N/A			N/A	N/A	N/A	N/A	N/A
N/A	N/A	N/A			N/A	N/A	N/A	N/A	N/A
N/A	N/A	N/A			N/A	N/A	N/A	N/A	N/A
N/A	N/A	N/A			N/A	N/A	N/A	N/A	N/A
N/A	N/A	N/A		N/A		N/A	N/A	N/A	N/A
N/A	N/A	N/A			N/A	N/A	N/A	N/A	N/A
N/A	N/A	N/A		diama an	N/A	N/A	N/A	N/A	N/A
SIGNATURE (Continue on separate sheet if ne					DATE			August 14, 2025	
			, , ===				CS	FORM 212 (Revised 20	017), Page 2 of 4

VI. VOLUNTARY WORK OR INVOLVEMENT IN CIVIC / NON-GOVERNMENT / PEOPLE / VOLUNTARY ORGANIZATION/S								
29. NAME & ADDRESS OF ORGANIZATION	INCLUSIVE DATES			1 /0				
(Write in full)		From	(mm/dd/vvvv) To	NUMBER OF HOURS		POSITION / NATURE OF WORK		
N/A			N/A	N/A		N/A		
N/A			N/A	N/A		N/A		
N/A			N/A	N/A		N/A		
N/A			N/A	N/A	N/A			
N/A			N/A	N/A	N/A			
N/A			N/A	N/A		N/A		
N/A		N/A	N/A	N/A	N/A			
VII. LEARNING AND DEVELOPMENT (L&D)		ntinue on separate s						
VII. LEARNING AND DEVELOPMENT (L&D)	NTERVENTIONS/TRAINING PRO	INCLUSIVE DATES OF						
30. TITLE OF LEARNING AND DEVELOPMENT INTERVEN' (Write in		ATTENDANCE (mm/dd/yyyy)		NUMBER OF HOURS	(Managerial/ Supervisory/	CONDUCTED/ SPONSORED BY (Write in full)		
ON-THE JOB TRAINING IN TACLOBAN HERBAL PHA	RMACELITICAL PROCESSING AND	From	То		Technical/etc)	PHILIPPINE INSTITUTE OF TRADITIONAL AND		
MANUFACTURING PL		4/15/2024	4/26/2024	80.0	TECHNICAL	ALTERNATIVE HEALTHCARE		
N/A		N/A	N/A	N/A	N/A	N/A		
N/A		N/A	N/A	N/A	N/A	N/A		
N/A	N/A			N/A	N/A	N/A		
N/A		N/A	N/A	N/A	N/A	N/A		
N/A		N/A	N/A	N/A	N/A	N/A		
N/A		N/A	N/A	N/A	N/A	N/A		
N/A		N/A	N/A	N/A	N/A	N/A		
N/A		N/A	N/A	N/A	N/A	N/A		
N/A		N/A	N/A	N/A	N/A	N/A		
N/A		N/A	N/A	N/A	N/A	N/A		
N/A		N/A	N/A	N/A	N/A	N/A		
N/A		N/A	N/A	N/A	N/A	N/A		
N/A		N/A	N/A	N/A	N/A	N/A		
N/A		N/A	N/A	N/A	N/A	N/A		
N/A		N/A	N/A	N/A	N/A	N/A		
N/A		N/A	N/A	N/A	N/A	N/A		
N/A		N/A	N/A	N/A	N/A	N/A		
N/A		N/A	N/A	N/A	N/A	N/A		
N/A		N/A	N/A	N/A	N/A	N/A		
N/A	(Co	N/A ntinue on separate s	N/A sheet if necessary)	N/A	N/A	N/A		
VIII. OTHER INFORMATION	,		, , , , , , , , , , , , , , , , , , ,					
31. SPECIAL SKILLS and HOBBIES	32. NON-ACADEMIC DISTINCTIONS / RE	COGNITION	(Write in full)			MEMBERSHIP IN ASSOCIATION/ORGANIZATION 33. (Write		
COMPUTER PROFICIENCY (MS WORD, EXCEL, POWERPOINT)		BEST IN PRACTICUM AWARD			in full) N/A			
DATA ENCODING AND DOCUMENT OF UNIC CERTIFICATE OF PARTICIPATION FOR		PRESENTING CASE STUDY ENTITLED: AWARENESS ON TRADITIONAL AND						
CAPABLE OF HANDLING INQUIRIES		ALTERNATIVE HEALTHCARE OF UNDERGRADUATE STUDENTS CERTIFICATE OF PARTICIPATION FOR 3RD INTERNATIONAL CONFERENCE ON BIODIVERSITY AND CLIMATE CHANGE 2023						
STRONG RESEARCH SKILLS	CERTIFICATE OF PARTICIPATION IN		N/A					
COOKING	CERTIFICATE OF COMPLETION FOR PRE-DEPLOYMENT ORIENTATION SEMINAR					N/A		
READING BOOKS	N/A					N/A		
N/A	N/A				N/A			
OLOMATURE	(Continue on separate sheet if necessary)				A T.C.			
SIGNATURE	Mack	10		DATE		August 14, 2025 CS FORM 212 (Revised 2017), Page 3 of		

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34.	Are you related by consanguinity or affinity to the appointing chief of bureau or office or to the person who has immediate Bureau or Department where you will be apppointed,								
	a. within the third degree?	YES	✓ NO						
	b. within the fourth degree (for Local Government Unit - Car	YES	✓ NO						
		If YES, give details:							
35.	a. Have you ever been found guilty of any administrative off	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 an	ny law decree ordinance or regulation							
50.	by any court or tribunal?		☐ YES ☑ NO If YES, give details:						
			, 9						
37.	Have you ever been separated from the service in any of the	e following modes: resignation,	YES	✓ NO					
	retirement, dropped from the rolls, dismissal, termination, er out (abolition) in the public or private sector?	nd of term, finished contract or phased	If YES, give details:						
38.	a. Have you ever been a candidate in a national or local ele Barangay election)?	ction held within the last year (except	☐ YES ☑ NO If YES, give details:						
	b. Have you resigned from the government service during the election to promote/actively campaign for a national or local		☐ YES ☑ NO If YES, give details:						
39.	Have you acquired the status of an immigrant or permanent	☐ YES ☑ NO							
		If YES, give details (c	ountry):						
40.	Pursuant to: (a) Indigenous People's Act (RA 8371); (b) Mag 7277); and (c) Solo Parents Welfare Act of 2000 (RA 8972).								
a.	Are you a member of any indigenous group?		☐ YES ☑ NO						
b.	Are you a person with disability?		If YES, please specify:						
	The year a person man alcasimy.		If YES, please specify ID No:						
C.	Are you a solo parent?		☐ YES ☑ NO If YES, please specify ID No:						
44	DESCRIPTION OF THE PROPERTY OF		ii 120, piodos oposii						
41.	REFERENCES (Person not related by consanguinity or affinity to applicant								
	NAME	ADDRESS	TEL. NO.						
	PROF. FACUNDO REY LADIAO	LEYTE NORMAL UNIVERSITY, TACLOBAN CITY	N/A						
	N/A	N/A	N/A	00					
	N/A	N/A	N/A						
42.	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.								
0	OVERTIMENT ISSUED TO (I.E.Fassport, GSIS, SSS, PKC, DIEVER'S LICENSE, etc.) PLEASE INDICATE ID Number and Date of								
	SUBICE								
ΙĿ	overnment Issued ID: NATIONAL ID (PHILSYS ID)								
	//License/Passport No.: 6205-1982-9761-0796	Signature (Sign inside the bo 8/14/2025	ox)						
D	ate/Place of Issuance: 2024/ TACLOBAN CITY		Right Thumbmark						
	SUBSCRIBED AND SWORN to before me this , affiant exhibiting his/her validly issued government ID as indicated above.								
	Г								
1		h							