

# 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	MACATO		
FIRST NAME	JOHN PAUL		NAME EXTENSION (JR., SR) N/A
MIDDLE NAME	CATALINO		
3. DATE OF BIRTH (mm/dd/yyyy)	7/14/2002	16. CITIZENSHIP	<input checked="" type="checkbox"/> Filipino <input type="checkbox"/> Dual Citizenship <input checked="" 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.	
5. SEX	<input checked="" type="checkbox"/> Male <input 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	N/A House/Block/Lot No. Street N/A DOLHO Subdivision/Village Barangay BATO LEYTE City/Municipality Province
7. HEIGHT (m)	1.73 M	ZIP CODE	6525
8. WEIGHT (kg)	79 KG	18. PERMANENT ADDRESS	N/A House/Block/Lot No. Street N/A DOLHO Subdivision/Village Barangay BATO LEYTE City/Municipality Province
9. BLOOD TYPE	N/A	ZIP CODE	6525
10. GSIS ID NO.	N/A	19. TELEPHONE NO.	N/A
11. PAG-IBIG ID NO.	N/A	20. MOBILE NO.	09999190462
12. PHILHEALTH NO.	13-250320905-9	21. E-MAIL ADDRESS (if any)	<a href="mailto:macato.johnpaul.bsbio@gmail.com">macato.johnpaul.bsbio@gmail.com</a>
13. SSS NO.	N/A		
14. TIN NO.	665-823-084-000		
15. AGENCY EMPLOYEE NO.	N/A		

## 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	MACATO		N/A	N/A
FIRST NAME	RAUL	NAME EXTENSION (JR., SR) N/A	N/A	N/A
MIDDLE NAME	CUA		N/A	N/A
25. MOTHER'S MAIDEN NAME			N/A	N/A
SURNAME	CATALINO		N/A	N/A
FIRST NAME	ERMA		N/A	N/A
MIDDLE NAME	OTARRA		(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	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	LEYTE NORMAL UNIVERSITY	BACHELOR OF SCIENCE IN ENVIRONMENTAL BIOLOGY	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		DATE	August 14, 2025
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[illegible]

(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.*

[illegible]

(Continue on separate sheet if necessary)

<b>SIGNATURE</b>		<b>DATE</b>		August 14, 2025
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[illegible]

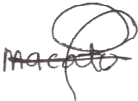
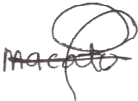
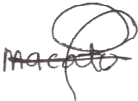
VII. LEARNING AND DEVELOPMENT (L&D) INTERVENTIONS/TRAINING PROGRAMS ATTENDED

[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)
COMPUTER PROFICIENCY ( MS WORD, EXCEL, POWERPOINT)	BEST IN PRACTICUM AWARD	N/A
DATA ENCODING AND DOCUMENT FILING	CERTIFICATE OF PARTICIPATION FOR PRESENTING CASE STUDY ENTITLED: AWARENESS ON TRADITIONAL AND ALTERNATIVE HEALTHCARE OF UNDERGRADUATE STUDENTS	N/A
CAPABLE OF HANDLING INQUIRIES	CERTIFICATE OF PARTICIPATION FOR 3RD INTERNATIONAL CONFERENCE ON BIODIVERSITY AND CLIMATE CHANGE 2023	N/A
STRONG RESEARCH SKILLS	CERTIFICATE OF PARTICIPATION IN THE SEMINAR ON "PTERIDOLOGY: BIOLOGY AND ECOLOGY OF FERNS	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

SIGNATURE		DATE	August 14, 2025
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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 checked="" 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 style="text-align: right;">Date Filed: _____</p> <p style="text-align: right;">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 type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>If YES, give details: _____</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: 35%;">NAME</th> <th style="width: 35%;">ADDRESS</th> <th style="width: 30%;">TEL. NO.</th> </tr> </thead> <tbody> <tr> <td>PROF. FACUNDO REY LADIAO</td> <td>LEYTE NORMAL UNIVERSITY, TACLOBAN CITY</td> <td>N/A</td> </tr> <tr> <td>N/A</td> <td>N/A</td> <td>N/A</td> </tr> <tr> <td>N/A</td> <td>N/A</td> <td>N/A</td> </tr> </tbody> </table>		NAME	ADDRESS	TEL. NO.	PROF. FACUNDO REY LADIAO	LEYTE NORMAL UNIVERSITY, TACLOBAN CITY	N/A	N/A	N/A	N/A	N/A	N/A	N/A		
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N/A	N/A	N/A													
N/A	N/A	N/A													
<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>															
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="2" style="text-align: center;">Government Issued ID (i.e. Passport, GSIS, SSS, PRC, Driver's License, etc.)</td> </tr> <tr> <td colspan="2" style="text-align: center;">PLEASE INDICATE ID Number and Date of Issuance</td> </tr> <tr> <td style="width: 50%;">Government Issued ID:</td> <td>NATIONAL ID (PHILSYS ID)</td> </tr> <tr> <td>ID/License/Passport No.:</td> <td>6205-1982-9761-0796</td> </tr> <tr> <td>Date/Place of Issuance:</td> <td>2024/ TACLOBAN CITY</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:	NATIONAL ID (PHILSYS ID)	ID/License/Passport No.:	6205-1982-9761-0796	Date/Place of Issuance:	2024/ TACLOBAN CITY	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="text-align: center; height: 100px;">  </td> </tr> <tr> <td style="text-align: center;">Signature (Sign inside the box)</td> </tr> <tr> <td style="text-align: center;">8/14/2025</td> </tr> <tr> <td style="text-align: center;">Date Accomplished</td> </tr> </table>		Signature (Sign inside the box)	8/14/2025	Date Accomplished
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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: 100%; height: 100px; margin-bottom: 5px;"></div> <div style="border: 1px solid black; width: 100%; height: 30px; text-align: center; margin-bottom: 5px;">         Person Administering Oath       </div>															