

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 () or () 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	CATACUTAN		
FIRST NAME	IRISH	NAME EXTENSION (JR., SR)	
MIDDLE NAME	NECIO		
3. DATE OF BIRTH (mm/dd/yyyy)	01/19/1998	16. CITIZENSHIP	☒ Filipino ☐ Dual Citizenship ☐ by birth ☐ by naturalization Pls. indicate country:
4. PLACE OF BIRTH	ORMOC CITY, LEYTE	If holder of dual citizenship, please indicate the details.	
5. SEX	☒ Male ☐ Female		
6. CIVIL STATUS	☒ Single ☐ Married ☐ Widowed ☐ Separated ☐ Other/s:	17. RESIDENTIAL ADDRESS	N/A ZONE 5 House/Block/Lot No. Street N/A COGON Subdivision/Village Barangay BAYBAY CITY LEYTE City/Municipality Province 6521
7. HEIGHT (m)	1.65m	ZIP CODE	N/A ZONE 5 House/Block/Lot No. Street N/A COGON Subdivision/Village Barangay BAYBAY CITY LEYTE City/Municipality Province 6521
8. WEIGHT (kg)	71kg		
9. BLOOD TYPE	O	18. PERMANENT ADDRESS	N/A ZONE 5 House/Block/Lot No. Street N/A COGON Subdivision/Village Barangay BAYBAY CITY LEYTE City/Municipality Province 6521
10. GSIS ID NO.	N/A	ZIP CODE	
11. PAG-IBIG ID NO.	121270291749	19. TELEPHONE NO.	N/A
12. PHILHEALTH NO.	N/A	20. MOBILE NO.	09187375442
13. SSS NO.	N/A	21. E-MAIL ADDRESS (if any)	irishcatacutan98@gmail.com
14. TIN NO.	723-427551		
15. AGENCY EMPLOYEE NO.	N/A		

II. FAMILY BACKGROUND

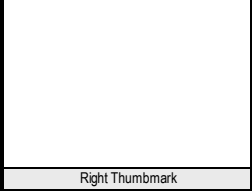
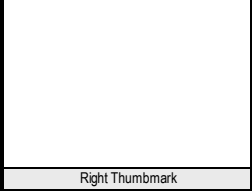
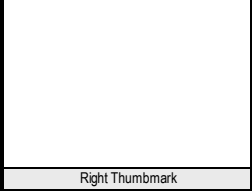
22. SPOUSE'S SURNAME	N/A		23. NAME OF CHILDREN (Write full name and list all)	DATE OF BIRTH (mm/dd/yyyy)
FIRST NAME	N/A	NAME EXTENSION (JR., SR)	N/A	N/A
MIDDLE NAME	N/A		N/A	N/A
OCCUPATION	N/A		N/A	N/A
EMPLOYER/BUSINESS NAME	N/A		N/A	N/A
BUSINESS ADDRESS	N/A		N/A	N/A
TELEPHONE NO.	N/A		N/A	N/A
24. FATHER'S SURNAME	CATACUTAN		N/A	N/A
FIRST NAME	BERNIE	N/A	N/A	N/A
MIDDLE NAME	TORRES		N/A	N/A
25. MOTHER'S MAIDEN NAME	N/A		N/A	N/A
SURNAME	NECIO		N/A	N/A
FIRST NAME	ANGELINA		N/A	N/A
MIDDLE NAME	OMEGA		(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	BAYBAY I CENTRAL SCHOOL	PRIMARY EDUCATION	2004	2010	N/A	2010	N/A
SECONDARY	BAYBAY NATIONAL HIGH SCHOOL	HIGH SCHOOL	2010	2014	N/A	2014	N/A
VOCATIONAL / TRADE COURSE	PALERMO HOTEL INSTITUTE OF TOURISM AND HOSPITALITY, INC.	FOOD AND BEVERAGE SERVICES	2019	2019	N/A	2019	N/A
COLLEGE	VISAYAS STATE UNIVERSITY	BACHELOR OF SECONDARY EDUCATION MAJOR IN MAPEH	2014	2018	N/A	2018	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	January 21, 2022
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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, 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? b. Have you been criminally charged before any court?	☐ YES ☒ NO If YES, give details: _____ ☐ 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: _____														
38. a. Have you ever been a candidate in a national or local election held within the last year (except Barangay election)? 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: _____ ☐ 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) <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. MARY JEAN SAPAN</td> <td>VSU, BAYBAY, CITY LEYTE</td> <td>9423679323</td> </tr> <tr> <td>HON. MARK MICHAEL UNLU-CAY</td> <td>BAYBAY CITY, LEYTE</td> <td>9355146106</td> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table>		NAME	ADDRESS	TEL. NO.	PROF. MARY JEAN SAPAN	VSU, BAYBAY, CITY LEYTE	9423679323	HON. MARK MICHAEL UNLU-CAY	BAYBAY CITY, LEYTE	9355146106					
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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.															
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