

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. CSC ID No. (Do not fill up. For CSC use only)

I. PERSONAL INFORMATION

2. SURNAME	CATORCE		
FIRST NAME	BETHLEHEM	NAME EXTENSION (JR., SR)	
MIDDLE NAME	BASULTIN		
3. DATE OF BIRTH (mm/dd/yyyy)	13/12/1997	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	CALOOCAN, CITY	If holder of dual citizenship, please indicate the details.	
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	N/A N/A House/Block/Lot No. Street N/A CUATRO DE AGOSTO Subdivision/Village Barangay MAHAPLAG LEYTE City/Municipality Province 6512
7. HEIGHT (m)	5'3	ZIP CODE	
8. WEIGHT (kg)	56		
9. BLOOD TYPE	A+	18. PERMANENT ADDRESS	N/A N/A House/Block/Lot No. Street N/A CUATRO DE AGOSTO Subdivision/Village Barangay MAHAPLAG LEYTE City/Municipality Province 6512
10. GSIS ID NO.	N/A	ZIP CODE	
11. PAG-BIG ID NO.	1212-8752-6129		
12. PHILHEALTH NO.	1325-0667-0148		
13. SSS NO.	06-4330366-9	19. TELEPHONE NO.	N/A
14. TIN NO.	365-405-137-000	20. MOBILE NO.	09058235185 / 09103155110
15. AGENCY EMPLOYEE NO.	N/A	21. E-MAIL ADDRESS (if any)	catorcebethlehem06@gmail.com and bethlehem.catorce@vsu.edu.ph

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			
OCCUPATION	N/A			
EMPLOYER/BUSINESS NAME	N/A			
BUSINESS ADDRESS	N/A			
TELEPHONE NO.	N/A			
24. FATHER'S SURNAME	CATORCE			
FIRST NAME	LAURO	NAME EXTENSION (JR., SR) JR.		
MIDDLE NAME	SARAOSOS			
25. MOTHER'S MAIDEN NAME				
SURNAME	BASULTIN			
FIRST NAME	ROWENA			
MIDDLE NAME	TUPAS		(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	MAHAPLAG ELEMENTARY SCHOOL	PRIMARY EDUCATION	2003	2009	COMPLETED	2009	WITH HONOR (TOP 6)
SECONDARY	MAHAPLAG NATIONAL HIGH SCHOOL	HIGH SCHOOL	2009	2013	COMPLETED	2013	WITH HONOR (TOP 8)
VOCATIONAL / TRADE COURSE	N/A	N/A	N/A	N/A	N/A	N/A	
COLLEGE	VISAYAS STATE UNIVERSITY (MAIN CAMPUS)	BACHELOR OF SECONDARY EDUCATION					
GRADUATE STUDIES	FRANCISCAN COLLEGE IMMACULATE CONCEPTION	MASTER OF EDUCATION MAJOR IN NATURAL SCIENCES					

(Continue on separate sheet if necessary)


SIGNATURE		DATE	
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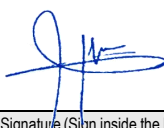
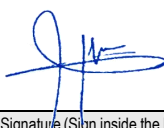
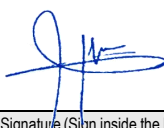



[illegible]

V. WORK EXPERIENCE
(Include private employment. Start from your recent work) Description of duties should be indicated in the attached Work Experience sheet.

[illegible]

SIGNATURE		DATE	OCTOBER 20, 2022
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VI. VOLUNTARY WORK OR INVOLVEMENT IN CIVIC / NON-GOVERNMENT / PEOPLE / VOLUNTARY ORGANIZATION/S						
29.	NAME & ADDRESS OF ORGANIZATION (Write in full)	INCLUSIVE DATES (mm/dd/yyyy)		NUMBER OF HOURS	POSITION / NATURE OF WORK	
		From	To			
	N/A	N/A	N/A	N/A	N/A	
(Continue on separate sheet if necessary)						
VII. LEARNING AND DEVELOPMENT (L&D) INTERVENTIONS/TRAINING PROGRAMS ATTENDED						
(Start from the most recent L&D/training program and include only the relevant L&D/training taken for the last five (5) years for Division Chief/Executive/Managerial positions)						
30.	TITLE OF LEARNING AND DEVELOPMENT INTERVENTIONS/TRAINING PROGRAMS (Write in full)	INCLUSIVE DATES OF ATTENDANCE (mm/dd/yyyy)		NUMBER OF HOURS	Type of LD (Managerial/ Supervisory/ Technical/etc)	CONDUCTED/ SPONSORED BY (Write in full)
		From	To			
	ENHANCEMENT OF COMPUTER BASIC OPERATION SKILLS TRAINING	18/01/2020	29/01/2020	80 HRS.	TECHNICAL	NORTHERN LEYTE COLLEGE, INC.
	TRAINING-WORSHIP ON RESULTS-BASED PERFORMANCE MANAGEMENT SYSTEM (RPMS) AND PHILIPPINE PROFESSIONAL STANDARDS FOR TEACHERS (PPST)	14/09/2018	16/09/2018	24 HRS.	TECHNICAL	BATO SCHOOL OF FISHERIES
	DIVISION SCIENCE FAIR CUM YES-O CAMP (TECHNICAL WORKING GROUP)	02/10/2018	04/10/2018	24 HRS.	TECHNICAL	BATO SCHOOL OF FISHERIES
	HANDS-ONLY CARDIOPULMONARY RESUSCITATION	07/21/2022	07/22/2022	16 HRS.		VISAYAS STATE UNIVERSITY
	ISO 9001:2015 AWARENESS and RE-AWARENESS SEMINAR	08/30/2022	08/31/2022	16 HRS.		VISAYAS STATE UNIVERSITY
(Continue on separate sheet if necessary)						
VIII. OTHER INFORMATION						
31.	SPECIAL SKILLS and HOBBIES	32.	NON-ACADEMIC DISTINCTIONS / RECOGNITION (Write in full)	33.	MEMBERSHIP IN ASSOCIATION/ORGANIZATION (Write in full)	
	PAINTING		N/A		N/A	
	DANCING		N/A		N/A	
	COMPUTER LITERATE		N/A		N/A	
	DESIGNING		N/A		N/A	
	GARDENING		N/A		N/A	
(Continue on separate sheet if necessary)						
SIGNATURE				DATE	OCTOBER 20, 2022	

<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>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 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: 33%;">NAME</th> <th style="width: 33%;">ADDRESS</th> <th style="width: 33%;">TEL. NO.</th> </tr> </thead> <tbody> <tr> <td>DR. CHARIS B. LIMBO</td> <td>INOPACAN, LEYTE</td> <td>09485105847</td> </tr> <tr> <td>MS. SHEENA EUNICE B. TABUDLONG</td> <td>BAYBAY CITY, LEYTE</td> <td>09209585002</td> </tr> <tr> <td>CHRISTIAN N. BACOLOD</td> <td>HILONGOS, LEYTE</td> <td>09661561680</td> </tr> </tbody> </table>		NAME	ADDRESS	TEL. NO.	DR. CHARIS B. LIMBO	INOPACAN, LEYTE	09485105847	MS. SHEENA EUNICE B. TABUDLONG	BAYBAY CITY, LEYTE	09209585002	CHRISTIAN N. BACOLOD	HILONGOS, LEYTE	09661561680		
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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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