## **PERSONAL DATA SHEET**

WARNING: Any misrepresentat concerned.	ion made in the Personal Data Sheet and t	he Work Experience Sheet sl	hall cause the	filing of adı	ministrative	/criminal case/s	against the p	erson
READ THE ATTACHED GUIDE	TO FILLING OUT THE PERSONAL DATA SH	· ·			M. 1. CSC ID No.		(Do not fill up F	or CSC use only)
I. PERSONAL INFORMATION		e N/A II not applicable. BO NOT	ABBREVIATE.		1. C3C ID NO.		(Do not iiii up. r	or CSC use only)
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		☑ Filipino	0 🔲	Dual Citizenship  ☑ by birth	]by naturaliza	da.
4. PLACE OF BIRTH	CALOOCAN, CITY	If holder of dual citizer	·			Pls. indicate of		LIOIT
5. SEX	☐ Male ☑ Female	please indicate the de	itails.					
6 CIVIL STATUS	✓ Single ☐ Married ☐ Widowed ☐ Separated ☐ Other/s:	17. RESIDENTIAL ADDRESS		N/A se/Block/Lot No N/A odivision/Village		CUAT	N/A Street RO DE AGOS Barangay	го
7. HEIGHT (m)	5'2			MAHAPLAG ity/Municipality			Province Province	
8. WEIGHT (kg)	56	ZIP CODE		6512				
9. BLOOD TYPE	AB+	18. PERMANENT ADDRESS	Hous	N/A se/Block/Lot No	0.		N/A Street	
10. GSIS ID NO.	N/A			N/A ndivision/Village		CUAT	RO DE AGOS Barangay	го
11. PAG-IBIG ID NO.				AHAPLAG ity/Municipality			Province	
12. PHILHEALTH NO.	1325-0667-0148	ZIP CODE		6512				
13. SSS NO.	06-4330366-9	19. TELEPHONE NO.				N/A		
14. TIN NO.	365-405-137-000	20. MOBILE NO.			090582351	85 / 0910315511	0	
15. AGENCY EMPLOYEE NO.	N/A	21. E-MAIL ADDRESS (if any)	atorcebethle	ehem06@	<u>)gmail.con</u>	n and bethlehe	em.catorce(	@vsu.edu.pl
II. FAMILY BACKGROUND 22. SPOUSE'S SURNAME	N/A		O2 NAME - COLU	I DDEN (Mit	. f. II	E-4 -ID	DATE OF DIR	FIL (mm/dd/cos)
FIRST NAME	N/A	NAME EXTENSION (JR., SR)	23. NAME of CHI		N/A	list all)		TH (mm/dd/yyyy)
MIDDLE NAME	N/A							''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								
11101101112	ROWENA							
MIDDLE NAME	TUPAS			(Co	ontinue on sep	parate sheet if neces	sary)	
	TUPAS			(Cc	ontinue on sej	parate sheet if neces	sary)	
MIDDLE NAME	TUPAS	BASIC EDUCATION/DEGRE (Write in full)	:E/COURSE	PERIOD OF A		HIGHEST LEVEL/ UNITS EARNED (if not graduated)	YEAR GRADUATED	SCHOLARSHIP/ ACADEMIC HONORS RECEIVED
MIDDLE NAME  III. EDUCATIONAL BACKGI  26.	TUPAS ROUND  NAME OF SCHOOL			PERIOD OF A	ATTENDANCE	HIGHEST LEVEL/ UNITS EARNED	YEAR	ACADEMIC HONORS
MIDDLE NAME  III. EDUCATIONAL BACKG  26. LEVEL	TUPAS ROUND  NAME OF SCHOOL (Write in full)	(Write in full)	TION	PERIOD OF A	ATTENDANCE To	HIGHEST LEVEL/ UNITS EARNED (if not graduated)	YEAR GRADUATED	ACADEMIC HONORS RECEIVED
MIDDLE NAME  III. EDUCATIONAL BACKG  26. LEVEL  ELEMENTARY	NAME OF SCHOOL (Write in full)  MAHAPLAG ELEMENTARY SCHOOL	(Write in full)  PRIMARY EDUCAT	TION	PERIOD OF A	To 2009	HIGHEST LEVEL/ UNITS EARNED (if not graduated)	YEAR GRADUATED 2009	ACADEMIC HONORS RECEIVED WITH HONOR (TOP 9) WITH HONOR
MIDDLE NAME  III. EDUCATIONAL BACKGE  26. LEVEL  ELEMENTARY  SECONDARY  VOCATIONAL /	NAME OF SCHOOL (Write in full)  MAHAPLAG ELEMENTARY SCHOOL  MAHAPLAG NATIONAL HIGH SCHOOL	(Write in full)  PRIMARY EDUCAT  HIGH SCHOOL  N/A	ION .	PERIOD OF # From 2003 2009	To 2009 2013	HIGHEST LEVEL/ UNITS EARNED (if not graduated) COMPLETED	YEAR GRADUATED 2009 2013	ACADEMIC HONORS RECEIVED WITH HONOR (TOP 9) WITH HONOR
MIDDLE NAME  III. EDUCATIONAL BACKG  26. LEVEL  ELEMENTARY  SECONDARY  VOCATIONAL / TRADE COURSE	NAME OF SCHOOL (Write in full)  MAHAPLAG ELEMENTARY SCHOOL  MAHAPLAG NATIONAL HIGH SCHOOL  N/A	(Write in full)  PRIMARY EDUCAT  HIGH SCHOOL  N/A	TION	PERIOD OF A From 2003 2009 N/A	To 2009 2013 N/A	HIGHEST LEVEL/ UNITS EARNED (if not graduated)  COMPLETED  COMPLETED  N/A	YEAR GRADUATED 2009 2013 N/A	ACADEMIC HONORS RECEIVED WITH HONOR (TOP 9) WITH HONOR
MIDDLE NAME  III. EDUCATIONAL BACKGE  26. LEVEL  ELEMENTARY  SECONDARY  VOCATIONAL / TRADE COURSE  COLLEGE	TUPAS  ROUND  NAME OF SCHOOL (Write in full)  MAHAPLAG ELEMENTARY SCHOOL  MAHAPLAG NATIONAL HIGH SCHOOL  N/A  VISAYAS STATE UNIVERSITY (MAIN CAMPUS)  FRANCISCAN COLLEGE IMMACULATE CONCEPTION	(Write in full)  PRIMARY EDUCAT  HIGH SCHOOL  N/A  BACHELOR OF SECONDARY  MASTER OF EDUCATION MAJO	ON CONTRACTOR OF THE PROPERTY	PERIOD OF A From 2003 2009 N/A 2015	To 2009 2013 N/A 2019 PRESENT	HIGHEST LEVEL/ UNITS EARNED (if not graduated)  COMPLETED  COMPLETED  N/A	YEAR GRADUATED 2009 2013 N/A	ACADEMIC HONORS RECEIVED WITH HONOR (TOP 9) WITH HONOR

IV. CIVIL S	ERVICE ELIG	IBILITY							
27. CARE		1080 (BOARD/ BAR) UNDER WS/ CES/ CSEE	RATING	DATE OF EXAMINATION /	PLACE OF EXAMINA	TION / CONFEE	RMENT	LICENSE (if a	
BAI		ITY / DRIVER'S LICENSE	(If Applicable)	CONFERMENT	TENDE OF EXCHANGE	110117 00111 21	WILITI	NUMBER	Date of Validity
LICENSU	RE EXAMINAT	ION FOR TEACHERS		29/09/2019	TACLOE	BAN, CITY		1805893	13/12/2022
V. WORK E	EXPERIENCE		(Con	ntinue on separate sheet	if necessary)				
(Include priv	rate employme	nt. Start from your recen	t work) Description	n of duties should b	pe indicated in the attach	ed Work Exp	salary/ JOB/ PAY	t.	
	JSIVE DATES m/dd/yyyy)	POSITION TO (Write in full/Do not			ENCY / OFFICE / COMPANY I/Do not abbreviate)	MONTHLY SALARY	GRADE (if applicable)& STEP	STATUS OF APPOINTMENT	GOV'T SERVICE
From	То	(11110 111 1011 101		(.viico iii lui	· · · · · · · · · · · · · · · · · · · ·		(Format "00-0")/ INCREMENT		(Y/ N)
2021	PRESENT	ADMINSTRATIVE AIDE		VISAYAS ST (INSTITUTE O	12,174.80		JOB ORDER	YES	
SIGN	ATURE		(Con	ntinue on separate sheet	if necessary)  DATE			OCTOBER 20, 2022	2
SIGN	., ., .				DAIL			- 0 . 0 5 2 1 1 2 0 , 2 0 2 2	-

VI. VOLUNTARY WORK OR INVOLVEMEN	T IN CIVIC / NON GOVERNMENT		OLUNTARY I	OPCANIZATIO	N/S	
29. NAME & ADDRESS OF		INCLUSIV	/E DATES	JAGANIZATIC	/N/3	
(Write in t		(mm/d	d/yyyy) To	NUMBER OF HOURS		POSITION / NATURE OF WORK
N/A		N/A	N/A	N/A		N/A
VII. LEARNING AND DEVELOPMENT (L&		tinue on separate		)		
(Start from the most recent L&D/training program and inc				hief/Executive/Man	agerial positions)	
30. TITLE OF LEARNING AND DEVELOPMENT IN	TERVENTIONS/TRAINING PROGRAMS		DATES OF DANCE		Type of LD ( Managerial/	CONDUCTED/ SPONSORED BY
(Write in			d/yyyy)	NUMBER OF HOURS	Supervisory/ Technical/etc)	(Write in full)
ENHANCEMENT OF COMPUTER BASIC O	PERATION SKILLS TRAINING	From 18/01/2020	To 29/01/2020	80 HRS.	TECHNICAL	NORTHERN LEYTE COLLEGE, INC.
TRAINING-WORSHIP ON RESULTS-BASED PER	FORMANCE MANAGEMENT SYSTEM	14/09/2018	16/09/2018	24 HRS.	TECHNICAL	BATO SCHOOL OF FISHERIES
(RPMS) AND PHILIPPINE PROFESSIONAL STA		02/10/2018	04/10/2018	24 HRS.	TECHNICAL	BATO SCHOOL OF FISHERIES
HANDS-ONLY CARDIOPULMONA		07/21/2022	07/22/2022	16 HRS.		VISAYAS STATE UNIVERSITY
ISO 9001:2015 AWARENESS and RE		08/30/2022	08/31/2022	16 HRS.		VISAYAS STATE UNIVERSITY
100 3001.2013 AWARENEGO ANG RE	-AWAILEREOU DEMINAR	00/30/2022	00/31/2022	TO TINO.		VIOATAO OTATE UNIVERGITI
VIII. OTHER INFORMATION	(Cont	tinue on separate	sheet if necessary	)		
31. SPECIAL SKILLS and HOBBIES	32. NON-	-ACADEMIC DISTIN (Write	ICTIONS / RECOG	NITION		33. MEMBERSHIP IN ASSOCIATION/ORGANIZATION (Write in full)
PAINTING		N/A				N/A
DANCING		N/A	ı			N/A
COMPUTER LITERATE		N/A	ı			N/A
DESIGNING		N/A	1			N/A
GARDENING		N/A				N/A
	(Cont	tinue on separate	sheet if necessary			
SIGNATURE		5		DA	ATE	OCTOBER 20, 2022

35. a. Have you ever been found guilty of any administrative offense?    YES   NO   If YES, give details:	If YES, give details:    YES   NO     If YES, give details:   Date Filed:   Status of Case/s:     PES   NO     If YES, give details:     PES   NO     If YES, give details:     PES   NO     If YES, give details:     Within the last year (except   YES   NO     If YES, give details:     If YES, give details:     NO     If YES, give details:     NO     If YES, give details:
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?  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?  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?  39. Have you acquired the status of an immigrant or permanent resident of another 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?	If YES, give details:  Date Filed: Status of Case/s:  Tee, ordinance or regulation  □ YES □ NO  If YES, give details:  □ YES □ NO  If YES, give details:  □ YES □ NO  If YES, give details: □ YES □ NO  If YES, give details: □ YES □ NO  If YES, give details: □ YES □ NO  If YES, give details:
by any court or tribunal?  If YES, give details:  If YES, give detai	If YES, give details:  modes: resignation, finished contract or phased  If YES   NO If YES, give details:  within the last year (except  □ YES □ NO If YES, give details: □ YES □ NO If YES, give details:
retirement, dropped from the rolls, dismissal, termination, end of term, finished contract or phased out (abolition) in the public or private sector?  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?  19. YES NO If YES, give details:  39. Have you acquired the status of an immigrant or permanent resident of another 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?  If YES, give details:  YES NO If YES, give details (country):  YES NO If YES, please specify:  YES NO If YES, please specify ID No:	If YES, give details:  within the last year (except  □ YES □ NO □ If YES, give details: □ YES □ NO □ If YES, give details:
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?  39. Have you acquired the status of an immigrant or permanent resident of another 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?  If YES, give details:  YES  NO  If YES, give details:  YES  NO  If YES, please specify:  YES  NO  If YES, please specify:  YES  NO  If YES, please specify:  YES  NO  If YES, please specify ID No:	If YES, give details:
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:	
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?  If YES, give details (country):  YES IND  NO  If YES, please specify:  YES IND  NO  If YES, please specify ID No:	If YES, give details:
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?  Color Parents Welfare Act of 2000 (RA 8972), please answer the following items:  Color Parents Welfare Act of 2000 (RA 8972), please answer the following items:  Color Parents Welfare Act of 2000 (RA 8972), please answer the following items:  Color Parents Welfare Act of 2000 (RA 8972), please answer the following items:  Color Parents Welfare Act of 2000 (RA 8972), please answer the following items:  Color Parents Welfare Act of 2000 (RA 8972), please answer the following items:  Color Parents Welfare Act of 2000 (RA 8972), please answer the following items:  Color Parents Welfare Act of 2000 (RA 8972), please answer the following items:  Color Parents Welfare Act of 2000 (RA 8972), please answer the following items:  Color Parents Welfare Act of 2000 (RA 8972), please answer the following items:  Color Parents Welfare Act of 2000 (RA 8972), please answer the following items:  Color Parents Welfare Act of 2000 (RA 8972), please answer the following items:  Color Parents Welfare Act of 2000 (RA 8972), please answer the following items:  Color Parents Welfare Act of 2000 (RA 8972), please answer the following items:  Color Parents Welfare Act of 2000 (RA 8972), please answer the following items:  Color Parents Welfare Act of 2000 (RA 8972), please answer the following items:  Color Parents Welfare Act of 2000 (RA 8972), please answer the following items:  Color Parents Welfare Act of 2000 (RA 8972), please answer the following items:  Color Parents Welfare Act of 2000 (RA 8972), please answer the following items:  Color Parents Welfare Act of 2000 (RA 8972), please answer the following items:  Color Parents Welfare Act of 2000 (RA 8972), please answer the following items:  Color Parents Welfare Act of 2000 (RA 8972), please answer the following items:  Color Parents Welfare Act of 2000 (RA 8972), please answer the following items:  Colo	
If YES, please specify ID No:	Swer the following items:  ☐ YES
41. REFERENCES (Person not related by consanguinity or affinity to applicant /appointee)	
NAME ADDRESS TEL. NO.	ADDRESS TEL. NO.
DR. CHARIS B. LIMBO INOPACAN, LEYTE 09485105847	INOPACAN, LEYTE 09485105847
MS. SHEENA EUNICE B. TABUDLONG BAYBAY CITY, LEYTE 09209585002	99209585002
ENGR. ANGELITA OBEDIENCIA TACLOBAN CITY 09173288842	TACLOBAN CITY 09173288842
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.	ules and regulations of the Republic of the to verify/validate the contents stated herein.
Government Issued ID (i.e. Passport, GSIS, SSS, PRC, Driver's License, etc.)  PLEASE INDICATE ID Number and Date of Issuance  Government Issued ID: PRC	
ID/License/Passport No.: 1805893 Signature (Sign inside the box)	Signature (Sigh inside the box)
Date/Place of Issuance: 12/16/2019 (ORMOC, CITY)  Date Accomplished  Right Thumbmark	October 20, 2022
SUBSCRIBED AND SWORN to before me this, affiant exhibiting his/her validly issued government ID as indicated above.	, affiant exhibiting his/her validly issued government ID as indicated above.