CS Form No. 212 Revised 2017 **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 () an se separate sheet if necessary. Indicate N/A if not applicable. DO NOT ABBREVIATE. (Do not fill up. For CSC use only I. PERSONAL INFORMATION 2. SURNAME CATACUTAN AME EXTENSION (JR., SR) FIRST NAME IRISH MIDDLE NAME NECIO 3. DATE OF BIRTH 4/1/1998 16. CITIZENSHIP ☑ Filipino ☐ Dual Citizenship (mm/dd/yyyy) ☐ by birth ☐ by naturalization 4. PLACE OF BIRTH ORMOC CITY, LEYTE If holder of dual citizenship, Pls. indicate country: please indicate the details 5. SEX ☑ Male □ Female 17. RESIDENTIAL ADDRESS N/A ZONE 5 Single ■ Married 6 CIVIL STATUS House/Block/Lot N Street □ Widowed □ Separated N/A COGON □ Other/s: Subdivision/Village Barangay BAYBAY CITY LEYTE 7. HEIGHT (m) 1.65m City/Municipality 68kg 6521 8 WEIGHT (kg) ZIP CODE 18. PERMANENT ADDRESS N/A ZONE 5 9. BLOOD TYPE 0 Street N/A COGON 10. GSIS ID NO. N/A Barangay BAYBAY CITY LEYTE 11. PAG-IBIG ID NO. 121270291749 12. PHILHEALTH NO. N/A ZIP CODE 6521 13. SSS NO. N/A 19. TELEPHONE NO. N/A 14. TIN NO 723-427-551 20. MOBILE NO. 09187375442 15. AGENCY EMPLOYEE NO. N/A 21. E-MAIL ADDRESS (if any) irishcatacutan98@gmail.com II. FAMILY BACKGROUND 23. NAME of CHILDREN (Write full name and list all) DATE OF BIRTH (mm/dd/yyyy) 22. SPOUSE'S SURNAME N/A NAME EXTENSION (JR., SR) FIRST NAME N/A N/A MIDDLE NAME N/A N/A N/A OCCUPATION N/A EMPLOYER/BUSINESS NAME N/A N/A BUSINESS ADDRESS N/A N/A TELEPHONE NO. N/A N/A 24. FATHER'S SURNAME CATACUTAN N/A N/A FIRST NAME **BERNIE** N/A MIDDLE NAME **TORRES** N/A 25. MOTHER'S MAIDEN NAME N/A NECIO N/A SURNAME FIRST NAME **ANGELINA** N/A OMEGA (Continue on separate sheet if necessary) MIDDLE NAME III. EDUCATIONAL BACKGROUND SCHOLARSHIP HIGHEST LEVEL PERIOD OF ATTENDANCE NAME OF SCHOOL BASIC EDUCATION/DEGREE/COURSE YEAR ACADEMIC LEVEL UNITS EARNED (if not graduated) HONORS RECEIVED GRADUATED (Write in full) (Write in full) From ELEMENTARY BAYBAY I CENTRAL SCHOOL PRIMARY EDUCATION 2004 2010 N/A 2010 N/A BAYBAY NATIONAL HIGH SCHOOL HIGH SCHOOL N/A SECONDARY 2010 2014 2014 PALERMO HOTEL INSTITUTE OF TOURISM AND FOOD AND BEVERAGE SERVICES N/A 2019 N/A 2019 2019 HOSPITALITY, INC TRADE COURSE BACHELOR OF SECONDARY EDUCATION COLLEGE VISAYAS STATE UNIVERSITY N/A N/A 2014 2018 2018 MAJOR IN MAPEH GRADUATE STUDIES N/A N/A N/A N/A N/A N/A N/A

SIGNATURE

DATE

IV. CIVIL SI	ERVICE ELIG	IBILITY						_		
			DATING	DATE OF				LICENSE (if ap	oplicable)	
SDECIAL LAWS/CES/CSEE			RATING (If Applicable)	EXAMINATION / PLACE OF EXAMINATION / CO CONFERMENT			RMENT	NUMBER	Date of Validity	
LICENSURE EXAMINATION FOR TEACHERS 8			83.4	SEP. 30, 2018	TACLOBAN CITY			1706069	1/4/2022	
N/A			N/A	N/A	N/A			N/A		
N/A			N/A	N/A	N/A			N/A		
N/A			N/A	N/A	N/A			N/A		
	N/A	١	N/A	N/A	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 F	XPERIENCE			N/A						
		nt. Start from your recent	work) Description	of duties should be	indicated in the attached	l Work Expe	rience sheet.			
(mi	JSIVE DATES m/dd/yyyy)	POSITION TI (Write in full/Do not			ENCY / OFFICE / COMPANY I/Do not abbreviate)	MONTHLY SALARY	SALARY/ JOB/ PAY GRADE (if applicable)& STEP (Format "00-0")/ NCREMENT	STATUS OF APPOINTMENT	GOV'T SERVICE (Y/N)	
From 8/1/2019	To 12/13/2019	PART-TIME INST	TRUCTOR	INSTITUTE O	HUMAN KINETICS	N/A	N/A	SEMESTRAL	N/A	
1/20/2020	5/22/2020	PART-TIME INST		INSTITUTE O	HUMAN KINETICS	N/A	N/A	SEMESTRAL	N/A	
08/13/2020	2/26/2021	PART-TIME INST	TRUCTOR	INSTITUTE O	HUMAN KINETICS	N/A	N/A	SEMESTRAL	N/A	
N/A	N/A	N/A		N/A		N/A	N/A	N/A	N/A	
N/A	N/A	N/A			N/A		N/A	N/A	N/A	
N/A	N/A	N/A		N/A		N/A	N/A	N/A	N/A	
N/A	N/A	N/A		N/A		N/A	N/A	N/A	N/A	
N/A	N/A	N/A			N/A	N/A	N/A	N/A	N/A	
N/A	N/A	N/A			N/A	N/A	N/A	N/A	N/A	
N/A	N/A	N/A		N/A		N/A	N/A	N/A	N/A	
N/A	N/A	N/A		N/A N/A		N/A	N/A	N/A	N/A	
N/A	N/A	N/A			N/A	N/A	N/A	N/A		
N/A	N/A	N/A		N/A N/A		N/A	N/A	N/A	N/A	
N/A	N/A	N/A			N/A	N/A	N/A	N/A		
N/A	N/A	N/A			N/A	N/A	N/A	N/A		
N/A N/A	N/A N/A	N/A N/A			N/A N/A	N/A N/A	N/A N/A	N/A N/A		
N/A	N/A			N/A N/A		N/A N/A	N/A N/A	N/A N/A	N/A N/A	
N/A	N/A	N/A N/A		N/A		N/A	N/A	N/A	N/A	
N/A	N/A	N/A		N/A		N/A	N/A	N/A	N/A	
N/A	N/A	N/A			N/A	N/A	N/A	N/A	N/A	
N/A	N/A	N/A			N/A	N/A	N/A	N/A	N/A	
N/A	N/A	N/A		N/A		N/A	N/A	N/A	N/A	
N/A	N/A	N/A		N/A		N/A	N/A	N/A	N/A	
N/A	N/A	N/A			N/A	N/A	N/A	N/A	N/A	
N/A	N/A	N/A			N/A	N/A	N/A	N/A	N/A	
N/A	N/A	N/A		N/A		N/A	N/A	N/A	N/A	
N/A	N/A N/A (Continue on		ntinue on senarate sheet	N/A nue on separate sheet if necessary)		N/A	N/A	N/A		
SIGNATURE			(Cor	што он эсрагате в пест	DATE					
								S FORM 212 (Revised 2)	0471 0 0-44	

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)		POSITION / NATURE OF WORK		
			To 7/0/2046	N/A		AUDITOR	
MAPEH CLUB		4/6/2015	7/6/2016	N/A			
MAPEH CLUB		7/6/2016	10/6/2017	N/A	SECRETARY		
BAYBAY YOUTH LEADER:		7/6/2017 1/6/2018	9/6/2018 PRESENT	N/A	P.I.O.		
SK FEDERATION- BAYBAY C	SK FEDERATION- BAYBAY CITY CHAPTER			N/A	SECRETARY		
INSTITUTE OF HUMAN KINETICS			05/22/2020	N/A	SECRETARY		
N/A			N/A	N/A	N/A		
N/A			N/A	N/A	N/A		
VII. LEARNING AND DEVELOPMENT (L&D)	INTERVENTIONS/TRAINING PR		TENDED				
(Start from the most recent L&D/training program and include	only the relevant L&D/training taken for the		or Division Chief/E	xecutive/Manageria	I positions) Type of LD		
30. TITLE OF LEARNING AND DEVELOPMENT INTEI (Write in full)	RVENTIONS/TRAINING PROGRAMS	ATTENDANCE (mm/dd/yyyy)		NUMBER OF HOURS	(Managerial/ Supervisory/	CONDUCTED/ SPONSORED BY (Write in full)	
OUTGONES DAGES TO ASSURE A SECTION AND A SECTION ASSESSMENT OF THE SEC	IIINO OVI I ADUO INCOVOTO	From	To		Technical/etc)	MOTIFIET OF HEALTH AND ADDRESS OF THE PARTY	
OUTCOMES-BASED TEACHING AND LEARN WORKSHOP ON CRAFTING THE SYLLABI FO		1/31/2020	1/31/2020	8 HRS	TECHNICAL	INSTITUTE OF HUMAN KINETICS VISAYAS STATE UNIVERSITY	
WORKSHOP ON CRAFTING THE SYLLABIFO	THE NEW BORED COURSES	10/8/2020 N/A	10/8/2020 N/A	8 HRS N/A	TECHNICAL N/A	VISAYAS STATE UNIVERSITY	
N/A		N/A N/A	N/A N/A	N/A N/A	N/A N/A	N/A	
N/A		N/A	N/A	N/A	N/A	N/A	
N/A		N/A	N/A	N/A	N/A	N/A	
N/A		N/A	N/A	N/A	N/A		
N/A		N/A	N/A	N/A	N/A	N/A	
N/A		N/A	N/A	N/A	N/A	N/A N/A	
N/A		N/A	N/A	N/A	N/A	N/A	
N/A		N/A	N/A	N/A	N/A	N/A	
N/A		N/A	N/A	N/A	N/A	N/A	
N/A		N/A	N/A	N/A	N/A	N/A	
N/A		N/A	N/A	N/A	N/A	N/A	
N/A		N/A	N/A	N/A	N/A	N/A	
N/A		N/A	N/A	N/A	N/A	N/A	
N/A		N/A	N/A	N/A	N/A	N/A	
N/A		N/A	N/A	N/A	N/A	N/A	
N/A		N/A	N/A	N/A	N/A	N/A	
N/A		N/A N/A	N/A	N/A	N/A	N/A	
N/A			N/A necessary)	N/A	N/A	N/A	
VIII. OTHER INFORMATION							
31. SPECIAL SKILLS and HOBBIES	32. NON-ACADEMIC DISTINCTIONS / RECOGNITION (Write in full)					MEMBERSHIP IN ASSOCIATION/ORGANIZATION (Write in full)	
SWIMMING MEN ASST. COACH		N/A					
DESIGNING		N/A			N/A		
LETTERING	N/A		N/A				
DANCING			N/A			N/A	
COMPUTER LITERATE	N/A				N/A		
N/A		N/A				N/A	
N/A	N/A on separate sheet if necessary)			N/A			
SIGNATURE	(Continue o	n separate sneet if	riccessary)	DA	ATE		
					CS FORM 212 (Revised 2017), Page 3 of 4		

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 - Care	eer Employees)?	□ YES ☑	NO NO			
		If YES, give details	:				
	a Hara yay ayar baan faynd ayilla af any administrativa afficia						
35.	a. Have you ever been found guilty of any administrative offe	ense ?		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	☐ YES ☑ NO					
	by any court or tribunal?		If YES, give details:				
			-				
37.	Have you ever been separated from the service in any of the retirement, dropped from the rolls, dismissal, termination, en		☐ YES ☑ NO				
	out (abolition) in the public or private sector?	a of term, finished contract of phasea	If YES, give details:				
38.	a. Have you ever been a candidate in a national or local elec-	tion held within the last year (except	☐ YES ☑ NO				
	Barangay election)?		If YES, give details:				
	b. Have you resigned from the government service during the		☐ YES ☑ NO				
	election to promote/actively campaign for a national or local		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):				
			ii 1ES, give details	(Country).			
40.	Pursuant to: (a) Indigenous People's Act (RA 8371); (b) Mag	na Carta for Disabled Persons (RA	<u> </u>	<u> </u>			
	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?		☐ YES ☑ NO If YES, please specify:				
b.	Are you a person with disability?		☐ YES ☑ NO				
			If YES, please specify ID No:				
C.	Are you a solo parent?	☐ YES ☑ NO If YES, please specify ID No:					
41.	REFERENCES (Person not related by consanguinity or affinity to applicant /a	appointee)					
	NAME	ADDRESS	TEL. NO.				
	PROF. MARY JEAN SAPAN	VSU, BAYBAY, CITY LEYTE	9423679323	ID picture taken within the last 6 months 4.5 cm. X 3.5 cm			
	HON. NATALIE ANDRES	BAYBAY CITY, LEYTE	9177450871	(passport size)			
	HON. MARK MICHAEL UNLU-CAY	·	9355146106	Computer generated or photocopied picture			
42.	I declare under oath that I have personally accomplished	BAYBAY CITY, LEYTE		is not acceptable			
	complete statement pursuant to the provisions of pertine						
	Philippines. I authorize the agency head/authorized repre I agree that any misrepresentation made in this docu	•		РНОТО			
	administrative/criminal case/s against me.	ament and its attachments shall caus	e the ining of	THOTO			
_							
	overnment Issued ID (i.e.Passport, GSIS, SSS, PRC, Driver's License, etc.) LEASE INDICATE ID Number and Date of Issuance						
G	overnment Issued ID: PRC		,				
IC)/License/Passport No.: 1706069	(x)					
D	ate/Place of Issuance: TACLOBAN CITY, JANUARY 2019	Pight Thumbmark					
Date Accomplished Right Thumbmark							
	SUBSCRIBED AND SWORN to before me this, affiant exhibiting his/her validly issued government ID as indicated above.						
		ı					