

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

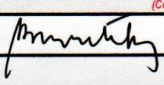
2. SURNAME	BARRETE		
FIRST NAME	KATHRYN	NAME EXTENSION (JR., SR)	
MIDDLE NAME	CASERES		
3. DATE OF BIRTH (mm/dd/yyyy)	06/04/1980	16. CITIZENSHIP	<input checked="" type="checkbox"/> Filipino <input type="checkbox"/> Dual Citizenship <input type="checkbox"/> by birth <input type="checkbox"/> by naturalization Pls. indicate country:
4. PLACE OF BIRTH	ILIGAN 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 type="checkbox"/> Single <input checked="" type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Separated	17. RESIDENTIAL ADDRESS	0101 PEÑAFLOST ST House/Block/Lot No. Street BOOY Subdivision/Village Barangay TAGBILARAN CITY BOHOL City/Municipality Province
7. HEIGHT (m)	1.5	ZIP CODE	6300
8. WEIGHT (kg)	79	18. PERMANENT ADDRESS	0101 PEÑAFLOST ST House/Block/Lot No. Street BOOY Subdivision/Village Barangay TAGBILARAN CITY BOHOL City/Municipality Province
9. BLOOD TYPE	O+	ZIP CODE	6300
10. GSIS ID NO.		19. TELEPHONE NO.	(038) 500-9741
11. PAG-IBIG ID NO.	076708078507	20. MOBILE NO.	09971117351
12. PHILHEALTH NO.	120507458845	21. E-MAIL ADDRESS (if any)	kathryn.barrete@gmail.com
13. SSS NO.	08-12741942		
14. TIN NO.	926-032-500		
15. AGENCY EMPLOYEE NO.	05233-0042		

II. FAMILY BACKGROUND

22. SPOUSE'S SURNAME	BARRETE		23. NAME OF CHILDREN (Write full name and list all)	DATE OF BIRTH (mm/dd/yyyy)
FIRST NAME	MYCHEL	NAME EXTENSION (JR., SR)	MYRYN C. BARRETE	06/13/2009
MIDDLE NAME	PALAPAR		KYLA C. BARRETE	01/20/2011
OCCUPATION	PHARMACIST		CHYME C. BARRETE	02/29/2016
EMPLOYER/BUSINESS NAME	JO' WE CARE PHARMACY			
BUSINESS ADDRESS	TAGBILARAN CITY			
TELEPHONE NO.	9675693637			
24. FATHER'S SURNAME	CASERES			
FIRST NAME	VINCENT	NAME EXTENSION (JR., SR)		
MIDDLE NAME	CABUSAO			
25. MOTHER'S MAIDEN NAME				
SURNAME	PARAN			
FIRST NAME	JOSEPHINE			
MIDDLE NAME	ERMAC			

III. EDUCATIONAL BACKGROUND

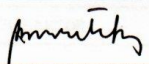
26. LEVEL	NAME OF SCHOOL (Write in full)	BASIC EDUCATION/DEGREE/COURSE (Write in full)	PERIOD OF ATTENDANCE		HIGHEST LEVEL/ UNITS EARNED (if not graduated)	YEAR GRADUATED	SCHOLARSHIP/ ACADEMIC HONORS RECEIVED
			From	To			
ELEMENTARY	CORPUS CHRISTI PAROCHIAL SCHOOL	GRADE VI	09/06/1987	30/03/1993		1993	VALEDICTOR IAN
SECONDARY	MSU-IIT INTEGRATED DEVELOPMENTAL SCHOOL	HIGH SCHOOL	15/06/1993	27/03/1997		1997	CATEGORY B AWARDEE
VOCATIONAL / TRADE COURSE	ACE Review Center	National Certificate III: Pharmacy Services	01/05/2017	01/07/2017		2017	
COLLEGE	MINDANAO STATE UNIVERSITY	BS BIOLOGY	19/06/1995	23/06/1995		2001	CUM LAUDE
GRADUATE STUDIES	MINDANAO STATE UNIVERSITY - ILIGAN INSTITUTE OF TECHNOLOGY	MS BIOLOGY	24/06/2002	30/05/2008		2009	N/A

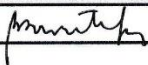
SIGNATURE		DATE	January 21, 2021
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III. EDUCATIONAL BACKGROUND

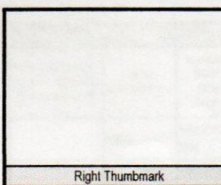
26. LEVEL	NAME OF SCHOOL (Write in full)	BASIC EDUCATION/DEGREE/ COURSE (Write in full)	PERIOD OF ATTENDANCE		HIGHEST LEVEL/ UNITS EARNED (if not graduated)	YEAR GRADUATED	SCHOLARSHIP/ ACADEMIC HONORS RECEIVED
			From	To			
COLLEGE	UNIVERSITY OF BOHOL	BS PHARMACY	2013	2015		2015	
GRADUATE STUDIES	MINDANAO STATE UNIVERSITY @ NAAWAN	PhD MARINE BIOLOGY	18/09/2020	In-Progress	9		

(Continue on separate sheet if necessary)

SIGNATURE		DATE	January 21, 2021
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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						
(Continue on separate sheet if necessary)						
VII. LEARNING AND DEVELOPMENT (L&D) INTERVENTIONS/TRAINING PROGRAMS ATTENDED						
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)	CONDUCTED/ SPONSORED BY (Write in full)
		From	To			
	Staying on BPH Therapy and Rationalized prescribing and dispensing of antiepileptic medications: What Pharmacists Need to Know and Do?	12/18/2020	12/18/2020	3.0	Supervisory	Philippine Pharmacist Association, Inc.
	GIS for Everyone: A Webinar on the Appreciation of Geographic Information Systems	11/26/2020	11/26/2020	3.0	Technical	Mindanao State University at Naawan
	People Management and Safety and Security: Essential Components in Pharmacy Management	11/23/2019	11/23/2019	8.0	Managerial	Asia Pacific Institute for Medication Management, Inc.
	Cascading Of Research Ethics Standard Operating Procedure (SOP) Manual for SY: 2019-2020	04/25/2019	04/25/2019	8.0	Technical	University of Bohol
	The Curriculum Design Workshop	7/8/2018	11/8/2018	40.0	Technical	University of Bohol
	Training Program on Pharmacy-Based Immunization for Filipino Pharmacists	05/31/2018	05/31/2018	8.0	Technical	Philippine Pharmacist Association, Inc.
	2018 Summer Institute	05/15/2018	05/18/2018	32.0	Technical	University of Bohol
	Basic Life Support (BLS) for Healthcare Providers Course	04/28/2018	04/28/2018	8.0	Technical	FDM Training Center for Allied Health Professionals
	Aligning Pharmacy Practice with Current Regulatory Reforms	5/8/2017	5/8/2017	8.0	Managerial	The Philippine Pharmacists Association, Inc.
	Pharmacy DOTS Initiative Orientation	06/28/2017	06/28/2017	8.0	Technical	Province of Bohol
	Business Continuity Planning Workshop	5/6/2017	6/6/2017	16.0	Managerial	Department of Trade and Industry (Bohol)
	Enhancing The UB Syllabi Into A Research-Driven KASH Transformational Syllabi	10/4/2017	11/4/2017	16.0	Technical	University of Bohol
	Food and Drug Administration Licensing Seminar	10/5/2015	10/5/2015	8.0	Supervisory	Food and Drugs Administration
	Senior High School Orientation	09/22/2015	09/22/2015	1.5	Technical	University of Bohol
	Continuing Professional Education	3/8/2015	3/8/2015	8.0	Managerial	Philippine Pharmacists Association, Inc.
	Regional Workshop on Health Research Priority Setting	11/4/2014	11/4/2014	8.0	Technical	Philippine Council for Health Research and Development
	Qualitative Research	10/13/2012	10/13/2012	2.5	Technical	University of Bohol
	1st UB Colloquium	10/12/2009	10/12/2009	8.0	Presenter	University of Bohol
	Training on Basic Food Handling, Hygiene, & Good Manufacturing Practices	09/17/2009	09/18/2009	16.0	Technical	Bohol Food Safety Team
	Laboratory Safety and Precautions in Handling Hazardous Chemicals	03/17/2007	03/17/2007	8.0	Technical	Holy Name University
	Conservation Ecology Research	04/20/2005	04/25/2005	48.0	Facilitator	Mindanao State University-Iligan Institute of Technology
(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)	
	Cooking		N/A		Member, Philippine Pharmacists Association	
	Baking					
	Sewing					
	Computer Literate (MS Word, Excel, Powerpoint, Adobe Photoshop)					
	Badminton					
	Volleyball					
	Table Tennis					
(Continue on separate sheet if necessary)						
SIGNATURE				DATE	January 21, 2021	

<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, a. within the third degree? b. within the fourth degree (for Local Government Unit - Career Employees)?</p>	<p><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If YES, give details: _____</p>												
<p>35. a. Have you ever been found guilty of any administrative offense? b. Have you been criminally charged before any court?</p>	<p><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If YES, give details: _____</p> <p><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If YES, give details: _____ Date Filed: _____ 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 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 checked="" type="checkbox"/> YES <input type="checkbox"/> NO If YES, give details: <u>RESIGN</u></p>												
<p>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?</p>	<p><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If YES, give details: _____</p> <p><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO 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 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: a. Are you a member of any indigenous group? b. Are you a person with disability? c. Are you a solo parent?</p>	<p><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If YES, please specify: _____</p> <p><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If YES, please specify ID No: _____</p> <p><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO 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>Olga M. Nuneza</td> <td>Tibanga, Iligan City</td> <td>9177260727</td> </tr> <tr> <td>Franielyn Saguindang-de Dios</td> <td>Metro Manila</td> <td>9088829456</td> </tr> <tr> <td>Sharon M. Dejarne</td> <td>Davao City</td> <td>9278238678</td> </tr> </tbody> </table>		NAME	ADDRESS	TEL. NO.	Olga M. Nuneza	Tibanga, Iligan City	9177260727	Franielyn Saguindang-de Dios	Metro Manila	9088829456	Sharon M. Dejarne	Davao City	9278238678
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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>													
<p>Government issued ID (i.e. Passport, GSIS, SSS, PRC, Driver's License, etc.) PLEASE INDICATE ID Number and Date of Issuance</p> <p>Government Issued ID: <u>PRC</u></p> <p>ID/License/Passport No.: <u>68104</u></p> <p>Date/Place of Issuance: <u>July 30, 2015/Cebu City</u></p>	<div style="border: 1px solid black; padding: 5px; margin-bottom: 5px;"> </div> <p style="text-align: center;">Signature (Sign inside the box)</p> <p style="text-align: center;"><u>JAN 21, 2021</u></p> <p style="text-align: center;">Date Accomplished</p>												
<p>SUBSCRIBED AND SWORN to before me this <u>21 JAN 2021</u>, affiant exhibiting his/her validly issued government ID as indicated above.</p> <div style="border: 1px solid black; padding: 10px; text-align: center; margin-top: 10px;"> <p>ATTY. LIBERATO G. CASILAN, JR. CASILAN LAW AND REALTY OFFICE 3-A CPG AVENUE, TAGBILARAN CITY NOTARY PUBLIC - CIVIL - DECEMBER 31, 2021 ROLL OF ATTORNEYS NO. 56357, VOL. 54, TIN: 145-136-001 PRT NO. 3807872, ISSUED ON 11/05/2020 BOHOL PROVINCE FOR CY 2021 MCLE COMPLIANCE V1-0005636, FEBRUARY 23, 2018 VALID UNTIL APRIL 14, 2022 FOR THE CITY OF TAGBILARAN AND OTHER MUNICIPALITIES OF BOHOL</p> </div>													



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