

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	<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	ORMOC CITY, LEYTE	If holder of dual citizenship, please indicate the details.	
5. SEX	<input checked="" type="checkbox"/> Male <input 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 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
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	July 12, 2021
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<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>PROF. MARY JEAN SAPAN</td> <td>VSU, BAYBAY, CITY LEYTE</td> <td>9423679323</td> </tr> <tr> <td>HON. NATALIE ANDRES</td> <td>BAYBAY CITY, LEYTE</td> <td>9177450871</td> </tr> <tr> <td>HON. MARK MICHAEL UNLU-CAY</td> <td>BAYBAY CITY, LEYTE</td> <td>9355146106</td> </tr> </tbody> </table>		NAME	ADDRESS	TEL. NO.	PROF. MARY JEAN SAPAN	VSU, BAYBAY, CITY LEYTE	9423679323	HON. NATALIE ANDRES	BAYBAY CITY, LEYTE	9177450871	HON. MARK MICHAEL UNLU-CAY	BAYBAY CITY, LEYTE	9355146106
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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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<p>SUBSCRIBED AND SWORN to before me this _____, affiant exhibiting his/her validly issued government ID as indicated above.</p> <div style="border: 1px solid black; width: 200px; height: 60px; margin: 10px auto;"></div> <p style="text-align: center;">Person Administering Oath</p>													

