

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

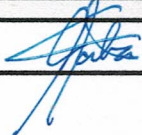
2. SURNAME	CUTAMORA		
FIRST NAME	JAY BERNARD	NAME EXTENSION (JR., SR)	
MIDDLE NAME	TALANDRATA		
3. DATE OF BIRTH (mm/dd/yyyy)	06/15/1988	16. CITIZENSHIP	<input checked="" type="checkbox"/> Filipino <input type="checkbox"/> Dual Citizenship <input checked="" type="checkbox"/> by birth <input type="checkbox"/> by naturalization Pls. indicate country:
4. PLACE OF BIRTH	TAGBILARAN CITY, BOHOL	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	House/Block/Lot No. Street SAN PASCUAL Subdivision/Village Barangay UBAY BOHOL City/Municipality Province
7. HEIGHT (m)	1.65	ZIP CODE	6315
8. WEIGHT (kg)	67		
9. BLOOD TYPE	B+	18. PERMANENT ADDRESS	House/Block/Lot No. Street SAN PASCUAL Subdivision/Village Barangay UBAY BOHOL City/Municipality Province
10. GSIS ID NO.		ZIP CODE	6315
11. PAG-IBIG ID NO.			
12. PHILHEALTH NO.	12-025548259-4	19. TELEPHONE NO.	
13. SSS NO.		20. MOBILE NO.	(+63) 927 402 3517 / (+63) 961 435 9285
14. TIN NO.	489-718-364-000	21. E-MAIL ADDRESS (if any)	jbcutamora88@gmail.com
15. AGENCY EMPLOYEE NO.			

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		NAME EXTENSION (JR., SR)	N/A	N/A
MIDDLE NAME				
OCCUPATION				
EMPLOYER/BUSINESS NAME				
BUSINESS ADDRESS				
TELEPHONE NO.				
24. FATHER'S SURNAME	CUTAMORA			
FIRST NAME	DEOGRACIAS	NAME EXTENSION (JR., SR)		
MIDDLE NAME	FLOR			
25. MOTHER'S MAIDEN NAME				
SURNAME	TALANDRATA			
FIRST NAME	JOCELYN			
MIDDLE NAME	GONZALES		(Continue on separate sheet if necessary)	

III. EDUCATIONAL BACKGROUND

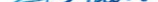
26. LEVEL	NAME OF SCHOOL (Write in full)	BASIC EDUCATION/DEGREE/COURSE (Write in full)	PERIOD OF ATTENDANCE		HIGHEST LEVEL/ UNITS EARNED (if not graduated)	YEAR GRADUATED	SCHOLARSHIP/ ACADEMIC HONORS RECEIVED
			From	To			
ELEMENTARY	San Pascual Elementary School	Primary Education	1995	2001	Graduated	2001	
SECONDARY	San Pascual National Agricultural High School	High School	2001	2006	Graduated	2006	
VOCATIONAL / TRADE COURSE							
COLLEGE	Visayas State University	Bachelor of Science in Agriculture (Agronomy)	2011	2016	Graduated	2016	
GRADUATE STUDIES	Visayas State University	Master of Science (Agronomy)	2017	2020	Graduated	2020	

(Continue on separate sheet if necessary)		SIGNATURE	DATE
			Dec. 11, 2020

[illegible]

V. WORK EXPERIENCE

[illegible]

(Continue on separate sheet if necessary)			
SIGNATURE		DATE	Dec. 11, 2020

VI. VOLUNTARY WORK OR INVOLVEMENT IN CIVIC / NON-GOVERNMENT / PEOPLE / VOLUNTARY ORGANIZATION/S

[illegible]

(Continue on separate sheet if necessary)

VII. LEARNING AND DEVELOPMENT (L&D) INTERVENTIONS/TRAINING PROGRAMS ATTENDED	
1. Name of the Program	
2. Description of the Program	
3. Date Attended	
4. Location	
5. Duration	
6. Facilitator	
7. Topics Covered	
8. Key Takeaways	
9. Application to Work	
10. Feedback	

[illegible]


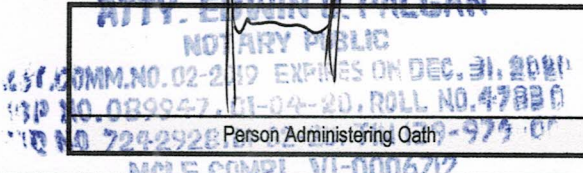
(Continue on separate sheet if necessary)

VIII. OTHER INFORMATION

31. SPECIAL SKILLS and HOBBIES	32. NON-ACADEMIC DISTINCTIONS / RECOGNITION (Write in full)	33. MEMBERSHIP IN ASSOCIATION/ORGANIZATION (Write in full)
Computer literate: MS Word, MS Excel, MS PowerPoint	N/A	N/A
Web browsing and surfing		
Knows minor computer repair		
Knows how to drive motorcycle with valid drivers license		

(Continue on separate sheet if necessary)

SIGNATURE		DATE	Dec. 11, 2020
-----------	---	------	---------------

<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. Ulysses A. Cagasan</td> <td>Visayas State University, Visca, Baybay City, Leyte</td> <td>(+63) 945 230 9477</td> </tr> <tr> <td>Dr. Ruth O. Escasinas</td> <td>Visayas State University, Visca, Baybay City, Leyte</td> <td>(+63) 915 962 6403</td> </tr> <tr> <td>Dr. Berta C. Ratilla</td> <td>Visayas State University, Visca, Baybay City, Leyte</td> <td>(+63) 926 259 7123</td> </tr> </tbody> </table>		NAME	ADDRESS	TEL. NO.	Dr. Ulysses A. Cagasan	Visayas State University, Visca, Baybay City, Leyte	(+63) 945 230 9477	Dr. Ruth O. Escasinas	Visayas State University, Visca, Baybay City, Leyte	(+63) 915 962 6403	Dr. Berta C. Ratilla	Visayas State University, Visca, Baybay City, Leyte	(+63) 926 259 7123
NAME	ADDRESS	TEL. NO.											
Dr. Ulysses A. Cagasan	Visayas State University, Visca, Baybay City, Leyte	(+63) 945 230 9477											
Dr. Ruth O. Escasinas	Visayas State University, Visca, Baybay City, Leyte	(+63) 915 962 6403											
Dr. Berta C. Ratilla	Visayas State University, Visca, Baybay City, Leyte	(+63) 926 259 7123											
<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: PRC</p> <p>ID/License/Passport No.: 0025041</p> <p>Date/Place of Issuance: 08/05/2020 PRC, Tacloban City, Leyte</p>	<p style="text-align: center;">  Signature (Sign inside the box) Dec. 11, 2020 Date Accomplished </p>												
<p>SUBSCRIBED AND SWORN to before me this <u>11 DEC 2020</u>, affiant exhibiting his/her validly issued government ID as indicated above.</p> <p style="text-align: center;">  NOTARY PUBLIC COMM. NO. 02-2017 EXPIRES ON DEC. 31, 2021 ID NO. 089847, 11-04-20, ROLL NO. 47880 Person Administering Oath: 724-292819-02-0006/12 </p>													

