| CS Form No. 212 Revised 2017 | PERSO | NAL DATA | A SH | EET | • | | | | |
|--|---|---|-------------------------------|--------------------------|-----------------|--|---------------------|---|--|
| | tion made in the Personal Data Sheet and th | ne Work Experience Sheet sh | all cause the | filing of adr | ministrative | /criminal case/s | against the p | erson | |
| concerned. READ THE ATTACHED GUIDE | TO FILLING OUT THE PERSONAL DATA SH | IEET (PDS) BEFORE ACCOM | IPLISHING TH | E PDS FOR | RM. | | (D. 1511 - 5 | 000 | |
| Print legibly. Tick appropriate boxes I. PERSONAL INFORMATIO | and use separate sheet if necessary. Indicate | N/A if not applicable. DO NOT A | BBREVIATE. | | 1. CS ID No. | | (Do not fill up. Fo | or CSC use only | |
| 2. SURNAME | CUTAMORA | | | | | | | | |
| | | | | NAME EXTENSION (JR., SR) | | | | | |
| FIRST NAME | JAY BERNARD | | NAME EXTENSION (J.C. SIV) N/A | | | | | | |
| MIDDLE NAME | TALANDRATA | | | | | | | | |
| 3. DATE OF BIRTH (mm/dd/yyyy) | 06/15/1988 | 16. CITIZENSHIP | ✓ Filipino | | | Dual Citizenship by birth by naturalization | | | |
| 4. PLACE OF BIRTH | TAGBILARAN CITY, BOHOL | If holder of dual citizen | nship, | | | Pls. indicate country: | | | |
| 5. SEX | ✓ Male ☐ Female | please indicate the de | tails. | | | | - | | |
| 6 CIVIL STATUS | ✓ Single | 17. RESIDENTIAL ADDRESS | | | | | | | |
| | ☐ Widowed ☐ Separated | | House/Block/Lot No. | | | SA | SAN PASCUAL | | |
| | Other/s: | - | Subdivision/Village UBAY | | | Barangay BOHOL | | | |
| 7. HEIGHT (m) | 1.65 | | | y/Municipality | | | Province | | |
| 8. WEIGHT (kg) | 67 | ZIP CODE | 6 | 315 | | | | | |
| 9. BLOOD TYPE | B+ | 18. PERMANENT ADDRESS | House/Block/Lot No. | |). | | Street | | |
| 10. GSIS ID NO. | N/A | | | | | SAN PASCUAL Barangay | | | |
| 11. PAG-IBIG ID NO. | 121283449507 | | Subdivision/Village UBAY | | | BOHOL | | | |
| | | | City/Municipality | | | Province | | | |
| 12. PHILHEALTH NO. | 12-025548259-4 | ZIP CODE | 6315 | | | | | | |
| 13. SSS NO. | N/A | 19. TELEPHONE NO. | N/A | | | | | | |
| 14. TIN NO. | 489-718-364-000 | 20. MOBILE NO. | (+63) 92 | 7 402 3517 | 7 / (+63) 96 | 61 435 9285 | | | |
| 15. AGENCY EMPLOYEE NO. | N/A | 21. E-MAIL ADDRESS (if any) | jbcutamora88@gmail.com | | nail.com | | | | |
| II. FAMILY BACKGROUND | | | | | | | | | |
| 22. SPOUSE'S SURNAME | N/A | | 23. NAME of CH | ILDREN (Write | e full name and | d list all) | DATE OF BIRT | H (mm/dd/yyyy | |
| FIRST NAME | N/A | NAME EXTENSION (JR, SR) N/A | | 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 | CUTAMORA | | N/A | | | | N/A | | |
| FIRST NAME | DEOGRACIAS | NAME EXTENSION (JR., SR) | | | | | N/A | | |
| MIDDLE NAME | FLOR | | | | | N/A | | | |
| 25. MOTHER'S MAIDEN NAME | | | N/A | | | | N/A | | |
| SURNAME | TALANDRATA | | N/A | | | N/A | | | |
| FIRST NAME | JOCELYN | | N/A | | | | N/A | | |
| MIDDLE NAME | GONZALES | (Continue on separate sheet if necessary) | | | | | | | |
| III. EDUCATIONAL BACKG | | | | | | | | | |
| 26. LEVEL | NAME OF SCHOOL (Write in full) | BASIC EDUCATION/DEGRE (Write in full) | | | ATTENDANCE To | HIGHEST LEVEL/ UNITS EARNED (if not graduated) | YEAR GRADUATED | SCHOLARSHII ACADEMIC HONORS RECEIVED | |
| ELEMENTARY | San Pascual Elementary School | Primary Education | 1 | 1995 | 2001 | Graduated | 2001 | N/A | |
| | San Pascual National Agricultural | | | | | | 2006 | N/A | |

High School 2001 2006 High School VOCATIONAL / TRADE COURSE N/A N/A N/A N/A N/A N/A N/A Bachelor of Science in Agriculture 2016 N/A Visayas State University 2011 Graduated 2016 COLLEGE (Agronomy) DOST-Master of Science (Agronomy) Visayas State University 2020 2020 2017 GRADUATE STUDIES Graduated **ASTHRDP** SIGNATURE DATE 1-14-2022

| | RVICE ELIGIB R SERVICE/RA 108 | | B.FILLS | DATE OF | | | | LICENSE (if | applicable) |
|--|----------------------------------|-------------------------------------|---------------------------|--|---|-------------------|---|--------------------------|----------------------------|
| 27. CAREER SERVICE/ RA 1080 (BOARD/ BAR) UNDER SPECIAL LAWS/ CES/ CSEE BARANGAY ELIGIBILITY / DRIVER'S LICENSE | | | RATING (If Applicable) | EXAMINATION / CONFERMENT | PLACE OF EXAMINATION / CONFERMENT | | | NUMBER | Date of Validity |
| Licensure Examination for Agriculturist | | | 77 | Oct. 19 - 21, 2016 | Tacloban City, Le | yte, Philippines | | 0025041 | 06/15/202 |
| N/A | | | N/A | N/A | N/A | | | N/A | N/A |
| N/A | | N/A | N/A | N/A | | | N/A | N/A | |
| N/A | | | N/A | N/A | N/A | | | N/A | N/A |
| N/A | | | N/A | N/A | N/A | | | N/A | N/A |
| N/A | | | N/A | N/A | N/A | | | N/A | N/A |
| N/A | | | N/A | N/A N/A | | | | N/A | N/A |
| | XPERIENCE | | | ontinue on separate sheet if i | | | | | |
| | sive dates | . Start from your recen | t work) Descripti | on of duties should be | indicated in the attach | ed Work Exp | SALARY/ JOB/ PAY | | 00167 |
| (mn | n/dd/yyyy) | POSITION T (Write in full/Do not | | | CY / OFFICE / COMPANY o not abbreviate) | MONTHLY SALARY | GRADE (if applicable) & STEP (Format "00-0")/ | STATUS OF APPOINTMENT | GOV'T SERVICE (Y/ N) |
| From | To | | | Department of Agron | omy, Visayas State | | INCREMENT | | |
| 08/16/2021 | 12/24/2021 | Instructor | | University, Visca, Ba Department of Agron | | N/A | N/A | Part-Time | Y |
| 04/05/2021 | 07/15/2021 | Instructo | | University, Visca, Ba Department of Agron | ybay City, Leyte | N/A N/A | N/A N/A | Part-Time | - |
| 01/06/2020 | 06/15/2020 | Graduate Teachin | g Assistant | University, Visca, Ba | University, Visca, Baybay City, Leyte Department of Agronomy, Visayas State Department of Agronomy, Visayas State | | | N/A | Y |
| 08/02/2016 | 05/23/2017 | Instructo | r | University, Visca, Ba | N/A | N/A | Part-Time | Y | |
| N/A | N/A | N/A | | N/A | | N/A | N/A | N/A | N/A |
| N/A | N/A | N/A | | N/A | N/A | N/A | N/A | N/A | |
| N/A | N/A | N/A | | N/A | N/A | N/A | N/A | N/A | |
| N/A | N/A | N/A | | N/A | N/A | N/A | N/A | N/A | |
| N/A | N/A | N/A | | N/A | | N/A | N/A | N/A | N/A |
| N/A | N/A | N/A | | N/A | | N/A | N/A | N/A | N/A |
| N/A | N/A | N/A | | N/A | | N/A | N/A | N/A | N/A |
| N/A | N/A | N/A | | N/A | | N/A | N/A | N/A | N/A |
| N/A | N/A | N/A | | N/A | | N/A | N/A | N/A | N/A |
| N/A | N/A | N/A | | N/A | | N/A | N/A | N/A | N/A |
| N/A | N/A | N/A | | N/A | | N/A | N/A | N/A | N/A |
| N/A | N/A | N/A | | N/A | N/A | | | N/A | N/A |
| N/A | N/A | N/A | | N/A | | N/A | N/A | N/A | N/A |
| N/A | N/A | N/A | | N/A | N/A | | | N/A | N/A |
| N/A | N/A | N/A | | N/A | | N/A | N/A | N/A | N/A |
| N/A | N/A | N/A | | N/A | | N/A | N/A | N/A | N/A |
| N/A | N/A | N/A | | N/A | | N/A | N/A | N/A | N/A |
| N/A | N/A | N/A | | N/A | | N/A | N/A | N/A | N/A |
| N/A | N/A | N/A | | N/A | | N/A | N/A | N/A | N/A |
| N/A | N/A | N/A | | N/A | | N/A | N/A | N/A | N/A |
| N/A | N/A | N/A | | N/A | | N/A | N/A | N/A | N/A |
| N/A | N/A | N/A | | N/A | | N/A | N/A | N/A | N/A |
| N/A | N/A | N/A | | N/A | | N/A | N/A | N/A | N/A |
| N/A | N/A | N/A | | N/A | N/A | N/A | N/A | N/A | |
| | ATURE | 2 | form | ontinue on separate sheet if | necessary) DATE | | 1-19-2 | | |

| II. VOLUNTARY WORK OR INVOLVEMENT | IN CIVIC / NON-GOVERNMENT / | PEOPLE / VC | DLUNTARY O | RGANIZATION | l/S | | |
|---|--|-----------------------------|-------------------------------|---------------------|---|---|--|
| 29. NAME & ADDRESS OF O (Write in ful | | INCLUSIV (mm/dx From | | NUMBER OF HOURS | | POSITION / NATURE OF WORK | |
| N/A | | N/A | N/A | N/A | | N/A | |
| N/A | | N/A | N/A | N/A | N/A | | |
| N/A | | N/A | N/A | N/A | N/A | | |
| N/A | | N/A | N/A | N/A | N/A | | |
| N/A | | N/A | N/A | N/A | N/A | | |
| N/A | A AND CONTRACTOR OF THE PROPERTY OF THE PROPER | N/A | N/A | N/A | N/A | | |
| N/A | | N/A | N/A | N/A | N/A | | |
| | | tinue on separate : | sheet if necessary | | | (V/) | |
| II. LEARNING AND DEVELOPMENT (L&D) tart from the most recent L&D/training program and inclu- | | | | ilef/Executive/Mana | gerial positions) | | |
| 0. TITLE OF LEARNING AND DEVELOPMENT INT (Write in fu | ERVENTIONS/TRAINING PROGRAMS | INCLUSIVE ATTEN (mm/d | DATES OF DANCE Id/yyyy) | NUMBER OF HOURS | Type of LD (Magazarial CONDUCTED/SPONSORED | | |
| ternational Webinar and Workshop on Food Va | lue Chain in the New Normal | From 10/18/2021 | To 10/22/2021 | 15 | N/A | Visayas State University, Visca, Baybay City | |
| 6th National Vegetable Congress | | 09/27/2017 | 09/29/2017 | 24 | N/A | Leyte City Government of Tacloban / Department Agriculture, RFO 8 | |
| NCIII Certification: Hamessing AEWs Capabilities on Agri-Crop Production | | | 09/14/2015 | 32 | Technical | Technical Education and Skills Development Authority / Agricultural Training Institute, R8 | |
| N/A | | N/A | N/A | N/A | N/A | N/A | |
| N/A | | N/A | N/A | N/A | N/A | N/A | |
| N/A | | N/A | N/A | N/A | N/A | N/A | |
| N/A | 1 | N/A | N/A | N/A | N/A | N/A | |
| N/A | | N/A | N/A | N/A | N/A | N/A | |
| N/A | | | N/A | N/A | N/A | N/A | |
| N/A | | | N/A | N/A | N/A | N/A | |
| N/A | | | N/A | N/A | N/A | N/A | |
| N/A | | | N/A | N/A | N/A | N/A | |
| N/A N/A N/A | | | N/A | N/A | N/A | N/A | |
| | | | N/A | N/A | N/A | N/A | |
| | | | N/A | N/A | N/A | N/A | |
| N/A | | | N/A | N/A | N/A | N/A | |
| N/A | | N/A | N/A | N/A | N/A | N/A | |
| N/A | | N/A | N/A | N/A | N/A | N/A | |
| N/A | | N/A | N/A | N/A | N/A | N/A | |
| N/A | | N/A | N/A | N/A | N/A | N/A | |
| N/A | (Coo | N/A ntinue on separate | N/A | N/A | N/A | N/A | |
| /III. OTHER INFORMATION | COI | itinue on separate | Silvet ii nocessai | | | | |
| 31. SPECIAL SKILLS and HOBBIES | 32. NON | -ACADEMIC DISTI | | GNITION | | 33. MEMBERSHIP IN ASSOCIATION/ORGANIZATI | |
| Computer literate: MS Word, MS Excel, | | (Write in full) | | | N/A | | |
| MS PowerPoint Web browsing and surfing | IV/A | | | | | N/A | |
| | | | | | | N/A | |
| Knows how to drive motorcycle with valid | | | | | | N/A | |
| drivers license N/A N/A N/A | | | | | N/A | | |
| | | | | | | N/A | |
| N/A | | | | | | N/A | |
| 1111 | (Cor | ntinue on separate | sheet if necessar | у) | | | |
| SIGNATURE | Satura | | | D | ATE | 1-19-2022 | |

| 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 | YES NO | | | | | | |
| | | If YES, give details: | | | | | | |
| | | | | | | | | |
| 35. | a. Have you ever been found guilty of any administrative offer | ☐ YES ✓ 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 ar by any court or tribunal? | ny law, decree, ordinance or regulation | ☐ YES ✓ NO | | | | | |
| | by any court or tribunar? | | If YES, give details: | | | | | |
| | | | | | | | | |
| 37. | Have you ever been separated from the service in any of the | [18일 [18] [18] [18] [18] [18] [18] [18] [18] | ☐ YES ✓ NO | | | | | |
| | retirement, dropped from the rolls, dismissal, termination, en out (abolition) in the public or private sector? | id of term, limshed contract of phased | If YES, give details: | | | | | |
| 38 | a. Have you ever been a candidate in a national or local elec- | ction held within the last year (except | | | | | | |
| 00. | Barangay election)? | | ☐ YES ☑ NO If YES, give details: | | | | | |
| | b. Have you resigned from the government service during th | e three (3)-month period before the last | | | | | | |
| | election to promote/actively campaign for a national or local | 기상이 발 하면 때 시대 시간 | 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): | | | | | |
| | | | | | | | | |
| 40. | Pursuant to: (a) Indigenous People's Act (RA 8371); (b) Mag | na 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? | | ☐ YES ✓ NO | | | | | |
| b. | Are you a person with disability? | | If YES, please specify: | | | | | |
| | 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 | /appointee) | | | | | | |
| | NAME | ADDRESS | TEL. NO. | | | | | |
| Dr. | Ulysses A. Cagasan | Visayas State University, Visca, | (+63) 945 230 9477 | | | | | |
| \vdash | | Baybay City, Leyte Visayas State University, Visca, | | | | | | |
| Dr. | Ruth O. Escasinas | Baybay City, Leyte | (+63) 915 962 6403 | | | | | |
| Dr. | Berta C. Ratilla | Visayas State University, Visca, | (+63) 926 259 7123 | | | | | |
| 42. | 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 pertine | | | | | | | |
| | Philippines. I authorize the agency head/authorized repre- I agree that any misrepresentation made in this docu | TALEND (B. 1982) 시작는 내용하는 사람들은 12. 12. 12. 12. 12. 12. 12. 12. 12. 12. | in a Contino | | | | | |
| | administrative/criminal case/s against me. | and to accommond that the | 34 = 7 | | | | | |
| | | | | | | | | |
| 03.00 | overnment Issued ID (i.e.Passport, GSIS, SSS, PRC, Driver's License, etc.) LEASE INDICATE ID Number and Date of Issuance | not | | | | | | |
| ۱H | overnment Issued ID: PRC | Carono | 10 million 200 | | | | | |
| ۱ŀ | 0005044 | | | | | | | |
| ۱ŀ | aboutout adoput ito | Signature (Sign inside the b | ox) | | | | | |
| Da | ate/Place of Issuance: 08/05/2020 PRC, Tacloban City, Leyte | Date Accomplished | Right Thumbmark | | | | | |
| | CLIDCODIDED AND CWORN IN A | | his has walled to be a second of the second | | | | | |
| | SUBSCRIBED AND SWORN to before me this | | | | | | | |
| | 477 | | 2 2424 | | | | | |
| | GE NO. 19 | P. PAPA | | | | | | |
| - | MOK NO. JOIL | Public Attorney | | | | | | |
| | (Pursuant to R.A. 9406) Person Administering Oath | | | | | | | |