CS Form No. 212 Revised 2017

PERSONAL DATA SHEET

WARNING: Any misinterpretation 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. 1 CS ID No. (Do not fill up. For CSC use only) Print legibly. Tick appropriate boxes (and use separate sheet if necessary. Indicate N/A if not applicable. DO NOT ABBREVIATE. 2. SURNAME ARRADAZA NAME EXTENSION (JR., SR) FIRST NAME CATHERINE MIDDLE NAME CASTRO 3. DATE OF BIRTH 07/24/1979 16. CITIZENSHIP ☑ Filipino ☐ Dual Citizenship (mm/dd/yyyy) ✓ by birth by naturalization 4 PLACE OF BIRTH Pls. indicate country: Baybay City, Leyte If holder of dual citizenship. please indicate the details. 5. SEX ☐ Male ✓ Female ✓ Single ☐ Married 17. RESIDENTIAL ADDRESS BRGY. STO ROSARIO, BAYBAY CITY, LEYTE 6 CIVIL STATUS ☐ Widowed ☐ Separated PHILIPPINES Other/s: 7. HEIGHT (m) 1.5m 8. WEIGHT (kg) 45kg ZIP CODE BRGY. STO ROSARIO, BAYBAY CITY, LEYTE 18. PERMANENT ADDRESS 9. BLOOD TYPE 0 PHILIPPINES 10 GSIS ID NO 2004108433 11. PAG-IBIG ID NO. 6521 12 PHILHEALTH NO ZIP CODE 13. SSS NO. 419118523 19. TELEPHONE NO. 14. TIN NO. 919-702-437 20. MOBILE NO. V00718 15 AGENCY EMPLOYEE NO 21 E-MAIL ADDRESS (if any) catherine arradaza@vahoo.com/ catherine.arradaza@vsu.edu.ph N/A 23. NAME of CHILDREN (Write full name and list all) DATE OF BIRTH (mm/dd/yyyy) 22. SPOUSE'S SURNAME N/A FIRST NAME MIDDLE NAME OCCUPATION EMPLOYER/BUSINESS NAME **BUSINESS ADDRESS** TELEPHONE NO. 24. FATHER'S SURNAME Arradaza Mateo Sr. FIRST NAME Mabia MIDDLE NAME 25. MOTHER'S MAIDEN NAME SURNAME Castro FIRST NAME Corazon MIDDLE NAME Cuasito (Continue on separate sheet if necessary) SCHOLARSHIP HIGHEST LEVEL PERIOD OF ATTENDANCE NAME OF SCHOOL BASIC EDUCATION/DEGREE/COURSE YEAR **ACADEMIC** UNITS EARNED (if not graduated) LEVEL HONORS RECEIVED GRADUATED (Write in full) (Write in full) From To ELEMENTARY BAYBAY SOUTH CENTRAL SCHOOL (BSCS) 1985 1991 1991 FRANCISCAN COLLEGE OF THE IMMACULATE SECONDARY 1995 1995 1991 CONCEPTION (FCIC) VOCATIONAL / TRADE COURSE VIS STATE COL OF AGCRIC. (VISCA) COLLEGE BS Agrculture 1995 1999 1999 BS Sec Education **GRADUATE STUDIES** VISAYAS STATE UNIVERSITY MS Horticulture 2005 2013 2013 UNIV OF THE PHIL. LOS BANOS DOST PhD Horticulture GRADUATE STUDIES 2013 2017 2017 Oct. 2,2018 SIGNATURE DATE

V. CIVIL SERVICE ELIGIBILITY				^				
27. CAREER SERVICE/ RA 1080 (BOARD/ BAR) UNDER SPECIAL LAWS/ CES/ CSEE ELICIPIETY / DDB/ERIS LICENSE		(If Applicable)	DATE OF EXAMINATION /	PLACE OF EXAMINATION / CONFERMENT			LICENSE (if applicable) NUMBER Date of	
VIL SERVICE -PR	GIBILITY / DRIVER'S LICENSE	1 24 2 4 4 4 5	MAY. 1999	I MII Talaka Aka		NOMOCI	Validity	
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. WORK EXPER	IENCE		(Continue on Sepera	te sheet if necessary)				
nclude private em	ployment. Start from your recent we	ork) Description of duties sh	ould be indicated in	the attached Work Experience	ce sheet.			
8. INCLUSIVE DATES (mm/dd/yyyy)		POSITION TITLE	DEPARTMENT /	AGENCY / OFFICE / COMPANY	SALARY/ JOB/ PAY MONTHLY SALARY Control of applicable 38 STEE (Face Page 20)		STATUS OF APPOINTMENT	GOVT SERVICE
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/01/2016	Present	Asst Prof I	Dept. of Horticulture, VSU		29.010.00		Permanent	Υ
16/2011	7/30/2016	Instructor I	Dept. of Horticulture, VSU		19000.00		Temporary	Y
/10/2008	06/302011	Sci Res Asst (SRA)	PHILROOTCROPS		12000.00		Contractual/Job Order	Y
7/01/2008	10/31/2008	SRA	PHILROOTCROPS		5000.00		Contractual/Job Order	Y
6/01/2007	05/31/2008	Lab Technician	HORTONET, Calaua	in, Laguna	12000.00		Contractual	Y
7/01/2005	12/31/2006	SRA	PHILROOTCROPS		7000.00		Contractual	Y
1/01/2003	01/31/2005	SRA	PHILROOTCROPS		5000.00		Contractual	Y
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NAME & ADDRESS OF ORGANIZATION			OF				
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II. LEARNING AND DEVELOPMENT (L&D) INTER							
(Start from the most recent L&D/training program a 30. TITLE OF SEMINAR/CONFERENCE		the relevant L&U/I) years		
WORKSHOP/SHORT COURSES	(mm/dd/yyyy)		NUMBER	1 21	CONDUCTED/ SPONSOPED BY		
(Write in full)	From	To	HOURS	(Managerial/ Supervisory/	CONDUCTED/ SPONSORED BY		
Say YES to Your Project Ideas: A training Course for Project	riuii	10	HOUNG	Supervisory/			
implementers	07/26/2018	07/28/2018	24	Technical	DOST-PCAARRD		
1th PAPTCB Inc. Scientific Conference	07/09/2018	07/14/2018	32	Scientific	PAPTCB INC.		
0th PAPTCB Inc. Scientific Conference	07/09/2018	07/14/2018	32	Scientific	PAPTCB INC.		
4th FCSSP Scientific Conference	06/13/2017	06/17/2017	32	Scientific	FCSSP		
Curent Climate Change Perspectives: Implications and	-011012011	00.1172011	1 02				
Opportunities for Action	10/27/2016		3h	Scientific	Crop Science Cluster-UPLB		
AGELESS WONDERS OF LACTIC ACID BACTERIA, KEY							
CHALLENGES AND OPPORTUNITIES	22/10/2014	24/10/2014	24	Scientific	PSLAB AND AFSLAB		
NTERDEPENDENCE OF RESERCHEAR AND SUPPORT							
STAFF	02/24/201	1 1	3	Supervisory	BENGUET STATE UNIV/ UPLB-CPAF		
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9th PAPTCB INC. SCIENTIFIC CONVENTION	23/04/2012	28/04/2012	40	Scientific	PAPTCB INC.		
7th PAPTCB SCIENTIFIC CONVENTION	22/11/2010	26/11/2010	3	Scientific	PAPTCB INC.		
SEMINAR ON MGT OF LABORATORY WASTES	22/07/2010	1 1	3	Technical	VSU		
Ist PAPTCB SCIENTIFIC CONVENTION-VIS CLUSTER	08/07/2010	09/07/2010	16	Scientific	PAPTCB INC.		
6th PAPTCB SCIENTIFIC CONVETION	26/10/2008	30/10/2008	32	Scientific	PAPTCB INC.		
19th CONFERENCE FOR FCSSP	13/06/2007	15/06/2007	24	Scientific	FCSSP		
CONGRESS	03/02/2004	03/04/2004	16	Scientific	DA		
INFORMATION TECHNOLOGY PROGRAM	23/06/2009	22/09/2001		Technical	FCIC		
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VIII. OTHER 15. MATION							
31 SPECIAL SKILLS/HOBBIES:	NON-ACADEMIC DISTINCTIONS/ RECOGNITION				MEMBERSHIP IN		
					ASSOCIATION/ORGANIZATION		
		(Write in full)			(Write in full)		
MICROPROPAGATION					PAPTCB INC		
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5		* - 8			VSU PERSONNEL ASSOC.		
Section 1975	-	04/			ISSAAS Member		
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SIGNATURE	Costal			DATE: Och. 2, Wik CS FORM 212 (Revised 2017, page			
SIGNATORE							

34.	Are you related by consanguinity or affinity to impoint in chief of bureau or office or to the person who has immediate Bureau or Department where you will be approinted,					
	a. within the third degree?	☐ YES ☑ NO				
	b. within the fourth degree (for Local Government Unit - Car	☐ YES ☑ NO If YES, give details:				
35.	a. Have you ever been found guilty of any administrative of	☐ 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 a regulation by any court or tribunal?	☐ YES ☑ NO If YES, give details:				
37.	Have you ever been separated from the service in any of the retirement, dropped from the rolls, dismissal, termination, education out (abolition) in the public or private sector?	☐ YES ☑ NO If YES, give details:				
38.	a. Have you ever been a candidate in a national or local ele Barangay election)?	ection held within the last year (except	☐ YES ☑ NO If YES, give details:			
	b. Have you resigned from the government service during last election to promote/actively campaign for a national or	☐ YES ☑ NO If YES, give details:				
39.	Have you acquired the status of an immigrant or permanen	☐ YES ☑ NO If YES, give details (country):				
40. a. b.	Pursuant to: (a) Indigenous People's Act (RA 8371); (b) Ma 7277); and (c) Solo Parents Welfare Act of 2000 (RA 8972) Are you a member of any indigenous group? Are you a person with disability? Are you a solo parent?	☐ YES ☑ NO If YES, please specify: ☐ YES ☑ NO If YES, please specify ID No: ☐ YES ☑ NO If YES ☑ NO If YES, please specify ID No:				
41.	REFERENCES (Person not related by consanguinity or affinity to applicant	nt /appointee)				
	NAME	ADDRESS	TEL NO.			
	DR. ROSARIO A. SALAS	DOH, VSU, VISCA, BAYBAY CITY	053-563-7739	66		
	DR. JOSE L. BACUSMO	OVPRE, VSU, VISCA, BAYBAY CITY		-		
42.	I declare under oath that I have personally accomplished complete statement pursuant to the provisions of pertine Philippines. I authorize the agency head/authorized representation made in this doc administrative/criminal case/s against me.	ent laws, rules and regulations of the esentative to verify/validate the conten	Republic of the ts stated herein.	CATHERINE C. ARRADAZA		
G	Government Issued ID (i.e. Passport, GSIS, SSS, PRC, Driver's License, etc.) PLEASE INDICATE ID Number and Date of Issuance Government Issued ID: VSU ID D/License/Passport No.: V00718 Date/Place of Issuance:	box)				
۲	SUBSCRIBED AND SWORN to before me this	Date Accomplished	biting his/her validly issued gover	Right Thumbmark		
		ATTY. RYSAN C. GUINOS VSULEGAL OFFICER Person Administering O	COR			