

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.

Print legibly. Tick appropriate boxes (☐) and use separate sheet if necessary. Indicate N/A if not applicable. DO NOT ABBREVIATE.

(Do not fill up. For CSC use only)

I. PERSONAL INFORMATION

2. SURNAME	CUTAMORA		
FIRST NAME	CHARLIE MARK	NAME EXTENSION (JR., SR) N/A	
MIDDLE NAME	FLANDEZ		
3. DATE OF BIRTH (mm/dd/yyyy)	03/23/1982	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	BAUBAY 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 type="checkbox"/> Single <input checked="" type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Separated <input type="checkbox"/> Other/s:	17. RESIDENTIAL ADDRESS	TANDANG SORA STREET House/Block/Lot No. Street ZONE-1 Subdivision/Village Barangay BAUBAY CITY LEYTE City/Municipality Province
7. HEIGHT (m)	1.7	ZIP CODE	6521
8. WEIGHT (kg)	66	18. PERMANENT ADDRESS	TANDANG SORA STREET House/Block/Lot No. Street ZONE-1 Subdivision/Village Barangay BAUBAY CITY LEYTE City/Municipality Province
9. BLOOD TYPE	O	ZIP CODE	6521
10. GSIS ID NO.	021132685431	19. TELEPHONE NO.	563-7134
11. PAG-IBIG ID NO.	914036067483	20. MOBILE NO.	09274410704
12. PHILHEALTH NO.	130001031520	21. E-MAIL ADDRESS (if any)	mgodoy02@gmail.com
13. SSS NO.	NONE		
14. TIN NO.	920857388		
15. AGENCY EMPLOYEE NO.	V60807		

II. FAMILY BACKGROUND

22. SPOUSE'S SURNAME	CUTAMORA	23. NAME OF CHILDREN (Write full name and list all)	DATE OF BIRTH (mm/dd/yyyy)
FIRST NAME	NORA	CHARLES GAVIN CABILLON CUTAMORA	11/02/2013
MIDDLE NAME	CABILLON		
OCCUPATION	NURSE		
EMPLOYER/BUSINESS NAME	ORMOC SUGARCANE PANTERS ASSOCIATION		
BUSINESS ADDRESS	ORMOC CITY		
TELEPHONE NO.	5611702		
24. FATHER'S SURNAME	CUTAMORA		
FIRST NAME	JUANITO	NAME EXTENSION (JR., SR)	
MIDDLE NAME	GODOY		
25. MOTHER'S MAIDEN NAME			
SURNAME	FLANDEZ		
FIRST NAME	LUDMILA		
MIDDLE NAME	SALDIVAR		

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	FRANCISCAN COLLEGE OF THE IMMACULATE CONCEPTION	PRIMARY EDUCATION	1989	1995		1995	NONE
SECONDARY	FRANCISCAN COLLEGE OF THE IMMACULATE CONCEPTION	HIGH SCHOOL	1995	1999		1999	NONE
VOCATIONAL / TRADE COURSE	N/A						
COLLEGE	VERGAS STATE UNIVERSITY FRANCISCAN COLLEGE OF THE IMMACULATE CONCEPTION	BS AGRICULTURE BS COMPUTER SCIENCE	1999 2003	2003 2005	THIRD YEAR THIRD YEAR		NONE
GRADUATE STUDIES	N/A						

SIGNATURE	Wf	DATE	04/25/2017	CS FORM 212 (Revised 2017), Page 1 of 4
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[illegible]

(Include private employment. Start from your recent work) Description of duties should be indicated in the attached Work Experience sheet.

[illegible]

At

04/25/2017

DURATION: JULY 22, 2013 - PRESENT

POSITION: ADMINISTRATIVE AIDE III

NAME OF OFFICE/UNIT: HEAVY EQUIPMENT & LIGHT VEHICLE MAINTENANCE UNIT

IMMEDIATE SUPERVISOR: REMEGIO M. SANICO

NAME OF AGENCY/ORGANIZATION AND LOCATION: VISAYAS STATE UNIVERSITY

SUMMARY OF ACTUAL DUTIES:

RESPONSIBLE FOR OPERATING/DRIVING ASSIGNED VEHICLE; CHECK-UP/
SERVICING OF VEHICLE; CLEANING GARAGE AND PERFORM OTHER
RELATED FUNCTION.

Ch

CHARLIE MARK F. CUTAMORA

(SIGNATURE OVER PRINTED NAME OF
EMPLOYEE/APPLICANT)

[illegible]

Continue on separate sheet, if necessary.


(Start from the most recent L&D/training program and include only the relevant L&D/training taken for the last five (5) years for Division Chief/Executive/Managerial positions.)

[illegible]

Continued on Schedule 530e 1-25-96

31. SPECIAL SKILLS and HOBBIES	32. NON-ACADEMIC DISTINCTIONS / RECOGNITION (Write in full)	33. MEMBERSHIP IN ASSOCIATION/ORGANIZATION (Write in full)
DRIVING	NONE	NONE
CAMPING		
FISHING		
GARDENING		
MOTOR SPORTS		
VIDEO GAMING		
WEB SURFING		

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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)?

☐ YES ☒ NO
☐ YES ☒ NO

If YES, give details:

35. a. Have you ever been found guilty of any administrative offense?

☐ 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 any law, decree, ordinance or 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 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?

☐ YES ☒ NO

If YES, give details:

38. a. Have you ever been a candidate in a national or local election held within the last year (except Barangay election)?

☐ YES ☒ NO

If YES, give details:

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?

☐ YES ☒ NO

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) 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?

☐ YES ☒ NO
If YES, please specify: _____

b. 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.
MARIO LILLO P. VALENZONA	VISCA, DAYDAY CITY	09176341514

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.




CHARLIE MARK F. CUANANORA
PHOTO

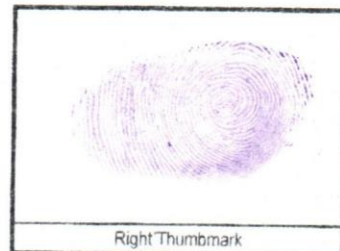
Government Issued ID (i.e. Passport, GSIS, SSS, PRC, Driver's License, etc.)
PLEASE INDICATE ID Number and Date of Issuance

Government Issued ID: UNIFIED MULTI-PURPOSE ID

ID/License/Passport No.: 021-1326-8543-1

Date/Place of Issuance: MALABON CITY


Signature (Sign inside the box)
04/25/2017
Date Accomplished



Right Thumbmark

SUBSCRIBED AND SWORN to before me this

APR 26 2017

affiant exhibiting his/her validly issued government ID as indicated above.


ATTY. RYSM G. GUINOCOR
Person Administering Oath

IBP 1030623- TAD... 12/12/17
MCLE CORP. NO. V-G... 12/19/16
ROLL OF ATTORNEYS NO. 57467