Revised 2017

## PERSONAL DATA SHEET

WARNING: Any misrepresentation made in the Personal Data Sheet and the Work Experience Sheet shall cause the filling of administrative/criminal case/s against the person

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. MENDOZA 2 SURNAME NAME EXTENSION (JR., SR) WA FIRST NAME KATHLEEN ANGELA MIDDLE NAME **GEROCA** 3. DATE OF BIRTH 16. CITIZENSHIP 2/22/2001 (mm/dd/yyyy) Pls. indicate country: 4. PLACE OF BIRTH CALBAYOG SAMAR If holder of dual citizenship, please indicate the details. FEMALE 5. SEX PUROK 6 0013 17. RESIDENTIAL ADDRESS 6 CIVIL STATUS Street House/Block/Lol No. CARAYMAN SINGLE N/A Barangay Subdivision/Village SAMAR CALBAYOG 7. HEIGHT (m) 1.7 Province City/Municipality 6710 8. WEIGHT (kg) ZIP CODE 60 **PUROK** 6 0013 18. PERMANENT ADDRESS 9. BLOOD TYPE AB Street House/Block/Lot No. CARAYMAN N/A 10 GSIS ID NO N/A Barangay Subdivision/Village SAMAR CALBAYOG 11. PAG-IBIG ID NO. N/A Province City/Municipality ZIP CODE 6710 13-025592174-7 12. PHILHEALTH NO N/A N/A 19. TELEPHONE NO. 13. SSS NO. 09973370391 20. MOBILE NO. 632-831-018 14. TIN NO. kathleenangelamendoza@gmail.com 21. E-MAIL ADDRESS (if any) N/A 15. AGENCY EMPLOYEE NO DATE OF BIRTH (mm/dd/yyyy) 23. NAME of CHILDREN (Write full name and list all) 22. SPOUSE'S SURNAME NAME EXTENSION (JR., SR) FIRST NAME MIDDLE NAME OCCUPATION EMPLOYER/BUSINESS NAME BUSINESS ADDRESS TELEPHONE NO. MENDOZA 24. FATHER'S SURNAME NAME EXTENSION (JR., SR) ADISLAO FIRST NAME LOTOC MIDDLE NAME MOTHER'S MAIDEN NAME GEROCA SURNAME REBECCA FIRST NAME (Continue on separate sheet if necessary) LAOYON MIDDLE NAME SCHOLARSHIP HIGHEST LEVEL UNITS EARNED PERIOD OF ATTENDANCE YFAR ACADEMIC BASIC EDUCATION/DEGREE/COURSE HONORS RECEIVED GRADUATED NAME OF SCHOOL 26. (Write in full) LEVEL (Write in full) To From 2013 2013 2006 Elementary Education Carayman Elementary School ELEMENTARY Basio Education Program – Junior High Humanities and Social Sciences (HUMMS) – Senior High 2019 2019 2013 Calbayog City National High School SECONDARY VOCATIONAL / TRADE COURSE 2023 2023 Bachelor of Science in Secondary Education 2019 Northwest Samar State University COLLEGE GRADUATE STUDIES DATE SIGNATURE

IV. CIVIL SERVICE ELIGIBILITY									
			<u> </u>					LICENSE (II a	policable)
27 CAREER SERVICE/ RA 1080 (BOARD/ BAR) UNDER SPECIAL LAWS/ CES/ CSEE BARANGAY ELIGIBILITY / DRIVER'S LICENSE			RATING (If Applicable)	DATE OF EXAMINATION / CONFERMENT	PLACE OF EXAMIN	ATION / CONFE	RMENT	NUMBER	Dete of Velidity
LICENSURE EXAMINATION FOR TEACHERS (LET)			85.8	9/24/2023	LEYTE NATIONAL HIGH	SCHOOL (TAC	2158031	2/22/2027	
V. WORK	lakpanjakle:		(Cor	ntinue on separate sheet	if necessary)				
		ant. Start from your recen	it work) Descriptio	n of duties should l	be indicated in the attach	ed Werk Ex	ariance show		
28. INCL	INCLUSIVE DATES (mm/dd/yyyy) POSITION TITLE (Write in full/Do not abbrevi		ITLE	DEPARTMENT / AG (Write in ful	MONTHLY SALARY	GRADE (F applicable)A STEP (Formal 190-07)	STATUS OF APPOINTMENT	SERVICE (Y/N)	
From	То						NOTEMENT		
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			(Cont	inue on separate sheef i	DATE				
SIGNA	TURE				UATE		CS	PORM 212 (Revised 20	17), Page 2 of

	Malvier (Olds)	PEUPLE	12/1/2014			
29. NAME & ADDRESS OF O		INCLUSIVE DATES (mm/dd/yyyy)		NUMBER OF HOURS		POSITION / NATURE OF WORK
177-00-0		From	To			
N/A						
		<del>                                     </del>				
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The second of the second secon		tinue on separate	The second restriction and the second	V)	CHES SHAP	Sale Constitution of the second
30. TITLE OF LEARNING AND DEVELOPMENT INTERVENTIONS/TRAINING PROGRAMS (Write in full)		INCLUSIVE DATES OF		NUMBER OF HOURS	Type of LD ( Managerial/ Supervisory/ Technical/etc)	CONDUCTED/ SPONSORED BY (Write: in full)
ADVANCED COMPLITER SKILLS DEVELOPMENT TRA	AINING: Improving Classroom	From	То	1. · _ · ·	To about	CPDCFT TRAINING CENTER
ADVANCED COMPUTER SKILLS DEVELOPMENT TRA Learning	THE STREET STREET	1/1/2024	1/10/2024	80.0	Technical	
UPSKILLING AND RESKILLING TEACHING AND	SUPERVISION SKILLS TRAINING	1/15/2024	1/24/2024	80.0	Supervisory	CPDCFT TRAINING CENTER
SEMINAR ON EDUCATIONAL INNOVATION AND I		2/1/2024	2/10/2024	80.0	Managerial	CPDCFT TRAINING CENTER
SCIENCE MAJOR SCHOOL AND LEARNING ACTION CELL (SLA CURRICULUM AREA ON THE CONTEXTUALIZED IN TOS CONSTRUCTION, AND ITEM ANALYSIS Held National High School, Cal	C) ON INTEGRATION ACROSS IATERIALS IN THE DCLM, & DLTHM, on November 18, 2022 at Carayman	11/18/2022	11/19/2022	24.0		Carayman National High School Teachers
TESDA TRAINING: CONTACT TO	RACING LEVEL II	7/14/2022	8/30/2022	120.0		Technical Education and PTC-Samar Skills Development Authority
	-					
			-	-		
					in .	
i i						
	(Coni	tinue on separate	sheet if necessary	1)		
VIII. OTHER INFORMATION			100	113		The Court County of the County
31. SPECIAL SKILLS and HOBBIES	NON-ACADEMIC DISTINCTIONS / RECOGNITION 32. (Write in full)					33. MEMBERSHIP IN ASSOCIATION/ORGANIZATION (Write in full)
Painting						Philippine Association For Teachers & Educators (PAFTE), INC.
		Guild of Science Teacher Education Student				
Cooking						
Sports (Volleyball & Badminton)						
Photography						
	The same of the sa	tinue on separate	sheet If nacesson	y		
A CALLED TO	Con	one on aspecase			ATE	
SIGNATURE						

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?     b. within the fourth degree (for Local Government Unit - Cal	If YES, give details:						
35	a. Have you ever been found guilty of any administrative of	If YES, give details:						
	b. Have you been criminally charged before any court?	If YES, give details:  Date Filed: Status of Case/s:						
36.	Have you ever been convicted of any crime or violation of a by any court or tribunal?	If YES, give details:						
37.	Have you ever been separated from the service in any of the retirement, dropped from the rolls, dismissal, termination, exout (abolition) in the public or private sector?	If YES, give details:						
38.	a. Have you ever been a candidate in a national or local ele Barangay election)?	If YES, give details:						
	<ul> <li>b. Have you resigned from the government service during telection to promote/actively campaign for a national or local</li> </ul>	If YES, give details:						
39.	. Have you acquired the status of an immigrant or permanen	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?	If YES, please specify:  If YES, please specify ID No:  If YES, please specify ID No:						
41.	. REFERENCES (Person not related by consanguinity or affinity to applica	nt /appointee)						
	NAME	ADDRESS	TEL. NO.					
	Leah Obias	Brgy. Patag, Baybay City	9986079122					
Jasper Mercurio		Brgy. Dagum, Calbayog City	9555719086					
	Lindsay Balbarona	Brgy. Rizal Calbayog City	9562015257					
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 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.							
F	Government Issued ID (Le Peesport, GSIS, SSS, PRC, Driver's License, etc.)  PLEASE INDICATE ID Number and Date of Issuance  Government Issued ID: PRC ID  DiLicense/Passport No.: 2158031  Date/Place of Issuance: 2/29/2024 - CALBAYOG CITY	Signature (Sign inside the b	oox)	Right Thumbmark				
F	CURSODIDED AND CHAODA In before we thin	ng his/her validly issue	d government ID as indicated above.					
	SUBSCRIBED AND SWORN to before me this	Person Administering Oa						