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.

rint legibly. Tick appropriate b	FILLING OUT THE PERSONAL DATA SHEET (PDS Des () and use separate sheet if nece			NOT ABBRE	1. CS ID No.	(Do no	t fill up. Fo	r CSC use only	
PERSONAL INFORMAT									
SURNAME	MEJICA NAME EXTENSION C.P., SIC								
FIRST NAME	AMPARO CHRISTINE						orsy any		
MIDDLE NAME	ALAGABIA								
(mm/dd/yyyy)	12/21/1997	16. CITIZENSHIP							
PLACE OF BIRTH	GAMAY N. SAMAR	If holder of idual citize		Pls. indicate country:				try:	
SEX		- Strategical and the second							
6 CIVIL STATUS		17. RESIDENTIAL ADDRESS	N/A House/Block/Lot No.			SA	N MIGUEL Street		
			N/A Subdivision/Village			ORIENTAL 2 Barangay			
HEIGHT (m)	1.5		GAMAY			NORTHERN SAMAR			
WEIGHT (kg)	43	ZIP CODE	City/Municipality			Province 6422			
P. BLOOD TYPE		18. PERMANENT ADDRESS	N/A			SAN MIGUEL			
	N/A		Hosa	re/Block/Lot N/A	No.	O	Sizeri SENTAL 2		
0, GSISID NO.	N/A		Sub	division/Villa	ge		Barangay	RN SAMAR	
1. PAG-IBIG ID NO.	121254019266		Cir	y/Municipalit	y		Province	ANVINE	
2. PHILHEALTH NO.	1325-2508-3024	ZIP CODE	6422			30 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0			
J. SSS NO.	06-4320421-8	19. TELEPHONE NO.			N/A				
4. TIN NO.	N/A	N/A 20. MOBILE NO.		0935-945-0702					
5. AGENCY EMPLOYEE NO.	N/A	21. E-MAIL ADDRESS (if any)		mejic	aamparoc	hristine@gmail.	com		
I. FAMILY BACKGROUNI									
22.SPOUSE'S SURNAME	N/A	No. 10 10 10 10 10 10 10 10 10 10 10 10 10	23. NAME of C	CHILDREN (W	Vrite full nam	e and list all)	DATE OF	- BIRTH (mm/ 1/yyyy)	
FIRST NAME	N/A	NAME EXTENSION (JR., SR)		N/A			N/A		
MIDDLE NAME	N/A								
OCCUPATION									
EMPLOYER/BUSINESS NAME									
BUSINESS ADDRESS									
TELEPHONE NO.									
4. FATHER'S SURNAME	MEJICA	NAME EXTENSION (JR., SH)							
FIRST NAME	CALVIN								
MIDDLE NAME	CAJONTOY								
25.MOTHER'S MAIDEN NAME	ALAGABIA						-		
SURNAME	MEJICA								
FIRST NAME	ROWENA			Vacable		Minimum Miller (1990)	in the same of the		
MIDDLE NAME II. ERUGATIONAL BACK	GROUND DELMONTE			(Conti	nue on sepa	rate sheet if neces	sary)		
II. EDUCATIONAL BACK	GROOND							SCHOLARSHIP.	
6. LEVEL	NAME OF SCHOOL (Write in full)	BASIC EDUCATION/DEGR (Write in full)	EE/COURSE	PERIOD OF A	TO	HIGHEST LEVEL/ UNITS EARNED (if not graduated)	VEAR ERACUATE D	ACADEMIC HONORS RECEIVED	
ELEMENTARY	GAMAY CENTRAL ELEMENTARY SCHOOL			2004	2011	GRADUATED	2011	SALUTATORIAN	
SECONDARY	GALA VOCATIONAL SCHOOL			2011	2015	GRADUATED	2015	2nd honorable mention	
VOCATIONAL / TRADE COURSE	N/A								
	LEYTE NORMAL UNIVERSITY	BACHELOR OF SECONDARY (BIOLOGICAL SCIEN		2015	2019	GRADUATED	2019	Proficiency Awardee	
COLLEGE		N/A							
COLLEGE GRADUATE STUDIES	N/A	A diena estas historia in		N/A	N/A	N/A	N/A	N/A	
Remarks and the second second	N/A	A diena estas historia in		N/A	N/A	N/A	N/A	N/A	

IV. CIVIL S	ERVICE ELIC	GIBILITY			p.				
	SPECIAL LAV	080 (BOARD/ BAR) UNDER NS/ CES/ CSEE TY / DRIVER'S LICENSE	RATING (If Applicable)	DATE OF EXAMINATION / CONFERMENT	PLACE OF EXAMINA	TION / CONF	ERMENT	LICENSE (If a	Date of Validity
LICENSURE EXAMINATION FOR TEACHERS (LET)		82.4	9/29/2019	TACLOBAN CITY			1848674	12/21/2023	
	100								
	EXPERIENCE		400.00	tinue on separate shee	s should be indicated i	in the atta	chad Work F	vnerienne sh	oot
28 INCLUSIV	/E DATES (mm/ kl/yyyy)	POSITION T			ENCY / OFFICE / COMPANY	MONTHLY	SALARY/ JOB/ PWY	7	GOVT
From	To	(Write in full/Do not			/Do not abbreviate)	SALARY	applicable)\$ STEP (Format '00-0")/ INCREMENT	APPOINTMENT	SERVICE (Y/N)
11/3/2020	2/19/2021	ONLINE LESSON PRODU BROADCAS			OREF UNIVERSAL IS PROGRAM	12 000	N/A	CONTRACTUAL	NO
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				3.					
					>				
				tinue on separate shee	t if necessary)				
SIGN	ATURE		f.		DATE		06-29-2021		

7. VOLUNTARY WORK OR INVOLVEMENT IN CIVIC / NON-GOVERNMENT / PEOPLE / VOLUNTARY ORGANIZATION/S							
29. NAME & ADDRESS (Write	OF ORGANIZATION in full)	iNCLUSIV (mm/di	re dates (ryyyy) To	NUMBER OF HOURS	POSITION / NATURE OF WORK		
N/A		N/A	N/A	N/A		N/A	
		5					
		8.					
		nue on separate :					
VII. LEARNING AND DEVELOPMENT (Start from the most recent L&D/training program					ecutive/Manage	risi positions)	
	INTERVENTIONS/TRAINING PROGRAMS	INCLUSIVE DATES OF ATTENDANCE (mm/dd/yyyy)		NUMBER OF HOURS	Type of LD (Managerial/ Supervisory/	CONDUCTED/ SPONSORED BY (Write in full)	
		From	То		Technical/etc)		
N/A		N/A	N/A	N/A	N/A	N/A	
			<u> </u>				
						_	
				-			
		2					
		2					
VIII. OTHER INFORMATION	(Continue on separate sheet if necessary)						
81. SPECIAL SKILLS and HOBBIES	BZ. NON-A	CADEMIC DISTIN	ICTIONS / REC	CGNITION		33. MEMBERSHIP IN ASSOCIATION/ORGANIZATION (Write in full)	
COMMUNICATION SKILLS		N/A				NATIONAL ORGANIZATION OF SCIENCE TEACHERS AND EDUCATORS (NOSTE), Inc.	
COMPUTER LITERATE					PHILIPPINE ASSOCIATION FOR TEACHERS & EDUCATORS (PAFTE), Inc.		
SPORTS (TABLE TENNIS)					EDUCATORS (PAPTE), INC.		
anche distanti distinuzzali ny ma		N/A					
			1111111				
		nue on separate :	sheet If necess	ary)			
SIGNATURE	b.c			DA	NTE .	06-29-2021	
						CS FORM 212 (Revised 2017), Page 3 of 4	

34. Are you related by consanguinity or affinity to the chief of bureau or office or to the person who has Bureau or Department where you will be apppointed	immediate supervision over you				
a. within the third degree?					
b. within the fourth degree (for Local Government	If YES, give deta	ils:			
35 a. Have you ever been found guilty of any adminis	trative offense?				
	If YES, give details:				
b. Have you been criminally charged before any co	If YES, give details: Date Filed: Status of Case/s:				
36. Have you ever been convicted of any crime or viola ordinance or regulation by any court or tribunal?	If YES, give details:				
 Have you ever been separated from the service in resignation, retirement, dropped from the rolls, dis finished contract or phased out (abolition) in the p 	missal, termination, end of term,	If YES, give deta	ils:		
year (except Barangay election)?					
b. Have you resigned from the government service period before the last election to promote/actively candidate?	If YES, give details:				
39. Have you acquired the status of an immigrant or p country?	If YES, give details (country):				
Are you a person with disability? Are you a solo parent?		If YES, please spec If YES, please spec If YES, please spec	ify ID No:		
41. REFERENCES (Person not related by consanguinity or affinity to	applicant /appointee)				
NAME	ADDRESS	TEL. NO.			
DR. JOYCE M. MAGTOLIS	TACLOBAN CITY		26		
MR. JEFF MANIBAY	TACLOBAN CITY	9177337359	9		
42. I declare under oath that I have personally accomp true, correct and complete statement pursuant to regulations of the Republic of the Philippines. I au representative to verify/validate the contents state misrepresentation made in this document and its administrative/criminal case/s against me	the provisions of pertinent laws, ri thorize the agency head/authorize ed herein. I agree that any	ules and ed	MEJICA, AMPARO CHRISTINE A.		
Government Issued ID (se Passport, GSIS, SSS, PRC, Driver's Licerate, etc.) PLEASE INDICATE ID Number Government Issued ID: PRC	8h C				
ID/License/Passport Nr 1848674	Signature (Sign inside the	box)			
Date/Place of Issuance 01-16-2020/TACLOBAN CITY	06-29-2021 Date Accomplished	Right Thumbmark			
UBSCRIBED AND SWORN to before me this	, affiant exhibit	ing his/her validly iss	ued government ID as indicated at		
	Person Administering				