CS Form No. 212
Revised 2017

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.

READ THE ATTACHED GUIDE TO FILLING OUT THE PERSONAL DATA SHEET (PDS) BEFORE ACCOMPLISHING THE PDS FORM.

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

1 CS ID No.	(Do not fill up. For CSC use only.)

I. PERSONAL INFORMATION

2. SURNAME	MEJORADA			
FIRST NAME	CHRIS JOHN		NAME EXTENSION (JR, SR)	
MIDDLE NAME	DUMALAG			
3. DATE OF BIRTH (mm/dd/yyyy)	2/9/2000	16. CITIZENSHIP		
4. PLACE OF BIRTH	HILONGOS LEYTE	If holder of dual citizenship, please indicate the details.		P/s. indicate country
5. SEX				
6. CIVIL STATUS		17. RESIDENTIAL ADDRESS	CREEKSIDE	
			House/Block/Lot No.	Street
			PONTOD	
			Subdivision/Village	Barangay
7. HEIGHT (m)	180m		HILONGOS	LEYTE
			City/Municipality	Province
8. WEIGHT (kg)	90kg	ZIP CODE	6524	
9. BLOOD TYPE	B-	18. PERMANENT ADDRESS	CREEKSIDE	
			House/Block/Lot No.	Street
10. GSIS ID NO.	N/A		PONTOD	
			Subdivision/Village	Barangay
11. PAG-IBIG ID NO.	N/A		HILONGOS	LEYTE
			City/Municipality	Province
12. PHILHEALTH NO.	13-202908034-1	ZIP CODE	6524	
13. SSS NO.	N/A	19. TELEPHONE NO.	N/A	
14. TIN NO.	662617176	20. MOBILE NO.	09464766533	
15. AGENCY EMPLOYEE NO.	N/A	21. E-MAIL ADDRESS (if any)	chrisjohnmejorada2000@gmail.com	

II. FAMILY BACKGROUND

22. SPOUSE'S SURNAME	N/A		23. NAME of CHILDREN (Write full name and list all.)	DATE OF BIRTH (mm/dd/yyyy)
FIRST NAME	N/A	NAME EXTENSION (JR, SR)	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	MEJORADA		N/A	N/A
FIRST NAME	ROLITO	NAME EXTENSION (JR, SR)	N/A	N/A
MIDDLE NAME	FAUSTINO		N/A	N/A
25. MOTHER'S MAIDEN NAME			N/A	N/A
SURNAME	DUMALAG		N/A	N/A
FIRST NAME	GLENDA		N/A	N/A
MIDDLE NAME	UTRERA		(Continue on separate sheet if necessary)	

III. EDUCATIONAL BACKGROUND

26. LEVEL	NAME OF SCHOOL (Write in full)	BASIC EDUCATION/DEGREE/COURSE (Write in full)	PERIOD OF ATTENDANCE From	To	HIGHEST LEVEL/ UNITS EARNED (if not graduated)	YEAR GRADUATED	SCHOLARSHIP/ ACADEMIC HONORS RECEIVED
ELEMENTARY	HILONGOS SOUTH CENTRAL SCHOOL	N/A	N/A	N/A	N/A	2013	2nd honor
SECONDARY	HILONGOS NATIONAL VOCATIONAL SCHOOL	N/A	N/A	N/A	N/A	2019	N/A
VOCATIONAL / TRADE COURSE	N/A	N/A	N/A	N/A	N/A	N/A	N/A
COLLEGE	SOUTHERN LEYTE STATE UNIVERSITY- MAIN CAMPUS	BACHELOR OF ELEMENTARY EDUCATION	N/A	N/A	N/A	2024	N/A
GRADUATE STUDIES	N/A	N/A	N/A	N/A	N/A	N/A	N/A

(Continue on separate sheet if necessary)

SIGNATURE		DATE	

SPECIAL LAWS/ CES/ CSEE BARANGAY ELIGIBILITY / DRIVERS LICENSE	RATING (If Applicable)	EXAMINATION / CONFERMENT	PLACE OF EXAMINATION / CONFERMENT	NUMBER	Date of Validity
CIVIL SERVICE - PROFESSIONAL LEVEL	80.4	8/1/2023	TACLOBAN CITY	N/A	N/A
LICENSED PROFESSIONAL TEACHER	87.8	9/29/2024	TACLOBAN CITY	N/A	N/A
Nothing follows***	Nothing follows***	Nothing follows***	Nothing follows***	Nothing follows***	Nothing follows***

(Continue on separate sheet if necessary)

V. WORK EXPERIENCE

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

28. INCLUSIVE DATES (mm/dd/yyyy)		POSITION TITLE (Write in full/Do not abbreviate)	DEPARTMENT / AGENCY / OFFICE / COMPANY (Write in full/Do not abbreviate)	MONTHLY SALARY	SALARY/ JOB/ PAY GRADE (if applicable)& STEP (Format "00-0")/ INCREMENT	STATUS OF APPOINTMENT	GOV'T SERVICE (Y/N)
From	To						
01/27/2024	10/5/2024	PRACTICE TEACHER	SOUTHERN LEYTE STATE UNIVERSITY MAIN CAMPUS (DEPARTMENT OF TEACHER EDUCATION)	N/A	N/A	N/A	N/A
Nothing follows***	Nothing follows***	Nothing follows***	Nothing follows***	Nothing follows***	Nothing follows***	Nothing follows***	Nothing follows***
							5.00

(Continue on separate sheet if necessary)

SIGNATURE		DATE	

	30. TITLE OF LEARNING AND DEVELOPMENT INTERVENTIONS/TRAINING PROGRAMS (Write in full)	INCLUSIVE DATES OF ATTENDANCE (mm/dd/yyyy)		NUMBER OF HOURS	Type of LDP (Managerial/ Supervisory/F Technical/etc)	CONDUCTED/ SPONSORED BY (Write in full)
15 16 17		From	To			
18	N/A	N/A	N/A	N/A	N/A	N/A
19	N/A	N/A	N/A	N/A	N/A	N/A
20	N/A	N/A	N/A	N/A	N/A	N/A
21	N/A	N/A	N/A	N/A	N/A	N/A
22	N/A	N/A	N/A	N/A	N/A	N/A
23	N/A	N/A	N/A	N/A	N/A	N/A
24	N/A	N/A	N/A	N/A	N/A	N/A
25	N/A	N/A	N/A	N/A	N/A	N/A
26	N/A	N/A	N/A	N/A	N/A	N/A
27	N/A	N/A	N/A	N/A	N/A	N/A
28	N/A	N/A	N/A	N/A	N/A	N/A
29	N/A	N/A	N/A	N/A	N/A	N/A
30	N/A	N/A	N/A	N/A	N/A	N/A
31	N/A	N/A	N/A	N/A	N/A	N/A
32	N/A	N/A	N/A	N/A	N/A	N/A
33	N/A	N/A	N/A	N/A	N/A	N/A
34	N/A	N/A	N/A	N/A	N/A	N/A
35	N/A	N/A	N/A	N/A	N/A	N/A
36	N/A	N/A	N/A	N/A	N/A	N/A
37	N/A	N/A	N/A	N/A	N/A	N/A
38	N/A	N/A	N/A	N/A	N/A	N/A
39	*(Continue on separate sheet if necessary)*					

40 *VIII OTHER INFORMATION*

41	31. SPECIAL SKILLS and HOBBIES	32. NON-ACADEMIC DISTINCTIONS / RECOGNITION (Write in full)	33. MEMBERSHIP IN ASSOCIATION/ORGANIZAT (Write in full)
42	Details-oriented	N/A	N/A
43	Flexible	N/A	N/A
44	Good Computer-Related Skills	N/A	N/A
45	Can work under pressure	N/A	N/A
46		N/A	N/A
47		N/A	N/A
48		N/A	N/A
49	*(Continue on separate sheet if necessary)*		

50	SIGNATURE		DATE	

34. Are you related by consanguinity or affinity to the appointing or recommending authority, or to 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 apppointed.

a. within the third degree?

b. within the fourth degree (for Local Government Unit - Career Employees)?

If YES, give details: _____

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

If YES, give details: _____

b. Have you been criminally charged before any court?'F

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?

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?

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)?

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?

If YES, give details: _____

39. Have you acquired the status of an immigrant or permanent resident of another country?

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?

If YES, please specify: _____

b. Are you a person with disability?

If YES, please specify ID No: _____

c. Are you a solo parent?

If YES, please s... ID No: _____

41. REFERENCES (Person not related by consanguinity or affinity to applicant /appointee)

NAME	ADDRESS	TEL NO.
DALE LESTER F. BATIS	BRGY. PONTOD HILONGOS LEYTE	9103335235
RENAN JESUS P. GALLANO	BRGY. ATABAY HILONGOS LEYTE	9464766552

PHOTO

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.

Government Issued ID (i.e.Passport, GSIS, SSS, PRC, Driver's License, etc) PLEASE INDICATE ID Number and Date of Issuance	
Government Issued ID:	13-202908034-1
ID/License/Passport No:	
Date/Place of Issuance:	SOGOD SOUTHERN LEYTE

Signature (Sign inside the box)

Date Accomplished

Right Thumbmark

SUBSCRIBED AND SWORN to before me this _____, affiant exhibiting his/her validly issued government ID as indicated above.

Person Administering Oath