

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

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. 1. CS ID NO. (Do not fill up. For use by the Commission.)

I. PERSONAL INFORMATION

2. SURNAME	MENDEZ			
FIRST NAME	CARREN	NAME EXTENSION (JR., SR)		
MIDDLE NAME	GALVEZ			
3. DATE OF BIRTH (mm/dd/yyyy)	02/18/1994	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	BAYBAY CITY	If holder of dual citizenship, please indicate the details.		
5. SEX	<input type="checkbox"/> Male <input checked="" type="checkbox"/> Female			
6 CIVIL STATUS	<input checked="" type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Separated <input type="checkbox"/> Other/s:	17. RESIDENTIAL ADDRESS	204 TRES MARTIRE <i>House/Block/Lot No. Street</i> N/A ZONE 14 <i>Subdivision/Village Barangay</i> BAYBAY CITY LEYTE <i>City/Municipality Province</i> 6521	
7. HEIGHT (m)	1.60	18. PERMANENT ADDRESS	204 TRES MARTIRE <i>House/Block/Lot No. Street</i> N/A ZONE 14 <i>Subdivision/Village Barangay</i> BAYBAY CITY LEYTE <i>City/Municipality Province</i> 6521	
8. WEIGHT (kg)	58		ZIP CODE	6521
9. BLOOD TYPE	A+		19. TELEPHONE NO.	N/A
10. GSIS ID NO.	N/A			20. MOBILE NO.
11. PAG-IBIG ID NO.		21. E-MAIL ADDRESS (if any)		
12. PHILHEALTH NO.	12 0254640994	ZIP CODE	6521	
13. SSS NO.	063 685 8244			
14. TIN NO.	322 852 725 0000			
15. AGENCY EMPLOYEE NO.	N/A			

II. FAMILY BACKGROUND

22. SPOUSE'S SURNAME	N/A		23. NAME of CHILDREN (Write full name and list all)	DATE OF BIRTH (mm/dd)
FIRST NAME	N/A	NAME EXTENSION (JR., SR)	N/A	N/A
MIDDLE NAME	N/A			
OCCUPATION	N/A			
EMPLOYER/BUSINESS NAME	N/A			
BUSINESS ADDRESS	N/A			
TELEPHONE NO.	N/A			
24. FATHER'S SURNAME	MENDEZ			
FIRST NAME	CARLOS	NAME EXTENSION (JR., SR)		
MIDDLE NAME	ESGUERRA			
25. MOTHER'S MAIDEN NAME	GALVEZ			
SURNAME	MENDEZ			
FIRST NAME	ELINA			
MIDDLE NAME	LEOP		(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		HIGHEST LEVEL/ UNITS EARNED (if not graduated)	YEAR GRADUATED
			From	To		
ELEMENTARY	BAYBAY II CENTRAL SCHOOL	PRIMARY EDUCATION	2000	2006	N/A	2010
SECONDARY	FRANCISCAN COLLEGE OF THE IMMACULATE	HIGH SCHOOL	2006	2010	N/A	2014

VOCATIONAL / TRADE COURSE	N/A	N/A	N/A	N/A	N/A	
COLLEGE	VISAYAS STATE UNIVERSITY	BACHELOR OF SCIENCE IN AGRIBUSINESS	2010	2015	N/A	2015
GRADUATE STUDIES	VISAYAS STATE UNIVERSITY	MASTERS IN MANAGEMENT	2017	2019	40	N/A
(Continue on separate sheet if necessary)						
SIGNATURE			DATE		08/24/2023	

concerned.

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F BIRTH
l/yyyy)

/A

SCHOLARSHIP/
ACADEMIC
HONORS
RECEIVED

N/A

N/A

N/A
N/A

IV. CIVIL SERVICE ELIGIBILITY

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 EXAMINATION / CONFERMENT	LICENSE (if applicable)	
					NUMBER	Date of Validity
	NAPOLCOM ENTRANCE EXAM		04/04/2022	TACLOBAN CITY		
	AFPSAT		03/30/2023	ARESCOM TRAINING SCHOOL		3 YRS

(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

[illegible]

(Continue on separate sheet if necessary)

<i>SIGNATURE</i>		<i>DATE</i>	08/24/2023
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[illegible]

(Continue on separate sheet if necessary)


[illegible]

(Continue on separate sheet if necessary)

31.	SPECIAL SKILLS and HOBBIES	32.	NON-ACADEMIC DISTINCTIONS / RECOGNITION (Write in full)	33.	MEMBERSHIP IN ASSOCIATION/ORGANIZATION (Write in full)
	ULTIMATE FRISBEE PLAYER		ULTIMATE FRISBEE TOURNAMENT IN LEYTE		VSU ULTIMATE FRISBEE ORGANIZATION
	BODYBUILDING		MR. BAYBAY BODYBUILDING COMPETITION (BIKINI CATEGORY) 1ST PLACER; ORMOC CITY BODYBUILDING COMPETITION (BIKINI CATEGORY) 2ND PLACER		Olympic Gym
	TRAIL RUN		KASIKAS TRAIL RUN 2022 3RD PLACER		

(Continue on separate sheet if necessary)

<i>SIGNATURE</i>		<i>DATE</i>	08/24/2023
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<p>34. Are you related by consanguinity or affinity to the appointing or chief of bureau or office or to the person who has immediate supervision Bureau or Department where you will be appointed, <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>a. within the third degree? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>b. within the fourth degree (for Local Government Unit – Career <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p>	<p>If YES, give details: _____</p>												
<p>35. a. Have you ever been found guilty of any administrative offense? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>b. Have you been criminally charged before any court? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p>	<p>If YES, give details: _____</p> <p>If YES, give details: _____</p> <p>Filed: _____</p> <p>Status of Case/s: _____</p>												
<p>36. Have you ever been convicted of any crime or violation of any law, decree, ordinance or regulation by any court or tribunal? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p>	<p>If YES, give details: _____</p>												
<p>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 <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p>	<p>If YES, give details: _____</p>												
<p>38. a. Have you ever been a candidate in a national or local election held within the last year (except Barangay election)? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>b. Have you resigned from the government service during the three (3) month period before the last election to promote/actively campaign for a <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p>	<p>YES, give details: _____</p> <p>YES, give details: _____</p>												
<p>39. Have you acquired the status of an immigrant or permanent resident of another country? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p>	<p>If YES, give details (country): _____</p>												
<p>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 10549)</p> <p>a. Are you a member of any indigenous group?</p> <p>b. Are you a person with disability?</p> <p>c. Are you a solo parent?</p>	<p>If YES, please specify: _____</p> <p>If YES, please specify ID No: _____</p> <p>If YES, please specify ID No: _____</p>												
<p>41. REFERENCES (Person not related by consanguinity or affinity to applicant /appointee)</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 33%;">NAME</th> <th style="width: 33%;">ADDRESS</th> <th style="width: 33%;">TEL. NO.</th> </tr> </thead> <tbody> <tr> <td>Arthur IT. Tambong</td> <td>Baybay City, Leyte</td> <td>09286763258</td> </tr> <tr> <td>Nerelito P. Pascual</td> <td>Baybay City, Leyte</td> <td>09202951702</td> </tr> <tr> <td>Lourdes B. Cano</td> <td>Baybay City, Leyte</td> <td>09176341502</td> </tr> </tbody> </table>		NAME	ADDRESS	TEL. NO.	Arthur IT. Tambong	Baybay City, Leyte	09286763258	Nerelito P. Pascual	Baybay City, Leyte	09202951702	Lourdes B. Cano	Baybay City, Leyte	09176341502
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<p>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 _____</p>													
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<p>Before me this _____, affiant exhibiting his/her validly issued government ID No. _____</p> <div style="text-align: center; margin-top: 20px;"> <div style="border: 1px solid black; width: 200px; height: 40px; margin: 0 auto;"></div> <div style="border: 1px solid black; width: 200px; height: 20px; margin: 0 auto; text-align: center;"> Person Administering Oath </div> </div>													