

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.

TEACHERS EXAM

Print legibly. Tick appropriate boxes (☐) 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	COQUILLA		
FIRST NAME	SHARA BELLE		NAME EXTENSION (JR., SR)
MIDDLE NAME	TANQUEZON		
3. DATE OF BIRTH (mm/dd/yyyy)	07/10/2001	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	ANAHAWAN DISTRICT HOSPITAL	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	PUROK 1 House/Block/Lot No. Street AYAHAG Subdivision/Village Barangay SAINT BERNARD, SOUTHERN LEYTE City/Municipality Province
7. HEIGHT (m)	1.54	ZIP CODE	6616
8. WEIGHT (kg)	45		
9. BLOOD TYPE		18. PERMANENT ADDRESS	PUROK 1 House/Block/Lot No. Street AYAHAG Subdivision/Village Barangay SAINT BERNARD, SOUTHERN LEYTE City/Municipality Province
10. GSIS ID NO.		ZIP CODE	6616
11. PAG-IBIG ID NO.		19. TELEPHONE NO.	
12. PHILHEALTH NO.	13-25344421-4	20. MOBILE NO.	09987246455
13. SSS NO.		21. E-MAIL ADDRESS (if any)	sharabellecoquilla@gmail.com
14. TIN NO.	632-306-452-00000		
15. AGENCY EMPLOYEE NO.			

II. FAMILY BACKGROUND


22. SPOUSE'S SURNAME		23. NAME of CHILDREN (Write full name and list all)	DATE OF BIRTH (mm/dd/yyyy)
FIRST NAME	NAME EXTENSION (JR., SR)		
MIDDLE NAME			
OCCUPATION			
EMPLOYER/BUSINESS NAME			
BUSINESS ADDRESS			
TELEPHONE NO.			
24. FATHER'S SURNAME	COQUILLA		
FIRST NAME	BERLITO		
MIDDLE NAME	TABON		
25. MOTHER'S MAIDEN NAME			
SURNAME	TANQUEZON		
FIRST NAME	TERESITA		
MIDDLE NAME	PAGUDON		

(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 (If not graduated)		HIGHEST LEVEL/ UNITS EARNED (If not graduated)	YEAR GRADUATED	SCHOLARSHIP/ ACADEMIC HONORS RECEIVED
			From	To			
ELEMENTARY	AYAHAG ELEMENTARY SCHOOL		06/05/2008	03/18/2013		2013	Valedictorian
SECONDARY	THE CRISTO REY REGIONAL HIGH SCHOOL, INC.		06/14/2013	03/25/2017		2017	With High Honors
	SOUTHERN LEYTE STATE UNIVERSITY-CBM	HUMANITIES AND SOCIAL SCIENCES	08/02/2017	05/29/2019		2019	With Highest Honors
VOCATIONAL / TRADE COURSE							
COLLEGE	VISAYAS STATE UNIVERSITY	BACHELOR OF SECONDARY EDUCATION	07/16/2019	08/03/2023		2023	Magna Cum Laude
GRADUATE STUDIES							

(Continue on separate sheet if necessary)

SIGNATURE		DATE	MAY 28, 2024	CS FORM 212 (Revised 2017), Page 1 of 4
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VI. VOLUNTARY WORK OR INVOLVEMENT IN CIVIC / NON-GOVERNMENT / PEOPLE / VOLUNTARY ORGANIZATION/S	
1. Name of the organization	
2. Address of the organization	
3. Position held by respondent	
4. Date of joining the organization	
5. Details of the work done	
6. Date of completion of work	
7. Signature of the respondent	
8. Signature of the organization	

[illegible]

(Continue on separate sheet if necessary)

VII. LEARNING AND DEVELOPMENT (L&D) INTERVENTIONS/TRAINING PROGRAMS ATTENDED

(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]

(Continue on separate sheet if necessary)

VIII. OTHER INFORMATION

31. SPECIAL SKILLS and HOBBIES	32. NON-ACADEMIC DISTINCTIONS / RECOGNITION (Write in full)	33. MEMBERSHIP IN ASSOCIATION/ORGANIZATION (Write in full)
COMPUTER LITERATE		TERRESTRIAL AND AQUATIC RESTORATIONS BY STUDENTS IMMERSED IN ENVIRONMENTAL REFORMS (TARSIER)
		VISAYAS STATE UNIVERSITY ALUMNI ASSOCIATION, INC.
		CARL BALITA REVIEW CENTER ALUMNI

(Continue on separate sheet if necessary)

SIGNATURE		DATE	MAY 28, 2024	CS FORM 212 (Revised 2017), Page 3 of 4
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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?

b. Have you been criminally charged before any court?

☐ YES ☒ NO
If YES, give details: _____

☐ 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)?

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: _____

☐ 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?
b. Are you a person with disability?
c. Are you a solo parent?

☐ YES ☒ NO
If YES, please specify: _____

☐ YES ☒ NO
If YES, please specify ID No: _____

☐ YES ☒ NO
If YES, please specify ID No: _____

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

NAME	ADDRESS	TEL. NO.
MARILYN N. MANAIG	VISCA, BAYBAY CITY, LEYTE	09196866636
SALVADORE M. CATRE JR.	VISCA, BAYBAY CITY, LEYTE	09058844431
ROCHEL F. GRAVA	NUEVA ESPERANZA, SAINT BERNARD, SOUTHERN LEYTE	09566239571

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

Government Issued ID: _____
ID/License/Passport No.: _____
Date/Place of Issuance: _____

Signature (Sign inside the box)
04/28/2024
Date Accomplished

Right Thumbmark

DOC. NO. 190
PAGE NO. 39
BOOK NO. 001
SERIES OF 2024

MAY 28 2024

ATTY. TEOPISTO C. ROJAS, JR.
NOTARY PUBLIC
Commission Expires Dec. 31, 2025
Roll No. 23829

PTR No. 9865555/IBP No. 128333
JANUARY 23, 2024, MAASIN CITY
TIN: 128-570-370-000
MCLE COMPLIANCE NO. VII-0020216
(VALID UNTIL APRIL 14/2025)