

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 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	MENDOZA			
FIRST NAME	RHICA MAE		NAME EXTENSION (JR., SR)	
MIDDLE NAME	GALINO			
3. DATE OF BIRTH (mm/dd/yyyy)	11/12/1999	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	ORMOC CITY, LEYTE	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:			
7. HEIGHT (m)	1.63	17. RESIDENTIAL ADDRESS	C. ARELLANO	
8. WEIGHT (kg)	51		House/Block/Lot No.	Street
9. BLOOD TYPE	A+		POBLACION ZONE 5	
10. GSIS ID NO.			Subdivision/Village	Barangay
11. PAG-IBIG ID NO.	121308339148	ZIP CODE	BAYBAY LEYTE	
12. PHILHEALTH NO.	13-250233006-7		City/Municipality Province	
13. SSS NO.		18. PERMANENT ADDRESS	6521	
14. TIN NO.	619-682-337-00000		House/Block/Lot No.	Street
15. AGENCY EMPLOYEE NO.			BRGY. SALVACION	
			Subdivision/Village	Barangay
		ZIP CODE	ABUYOG LEYTE	
			City/Municipality Province	
			6510	
19. TELEPHONE NO.		20. MOBILE NO.	0939-264-5504	
21. E-MAIL ADDRESS (if any)		rhicarhicarhica@gmail.com		

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)	JHAC RHELLE MENDOZA TAN	05/29/2021
MIDDLE NAME				
OCCUPATION				
EMPLOYER/BUSINESS NAME				
BUSINESS ADDRESS				
TELEPHONE NO.				
24. FATHER'S SURNAME	MENDOZA			
FIRST NAME	RENATO	NAME EXTENSION (JR., SR) JR.		
MIDDLE NAME	ALBORES			
25. MOTHER'S MAIDEN NAME				
SURNAME	GALINO			
FIRST NAME	EMILY			
MIDDLE NAME	BAUYA		(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	SCHOLARSHIP/ ACADEMIC HONORS RECEIVED
			From To			

ELEMENTARY	SALVACION ELEMENTARY SCHOOL	PRIMARY EDUCATION	2005	2012		2012	2ND HONOR
SECONDARY	NOTRE DAME OF ABUYOG INC.	JUNIOR HIGH SCHOOL	2012	2016		2016	
	WESTERN LEYTE COLLEGE OF ORMOC CITY INC.	SENIOR HIGH SCHOOL	2016	2018		2018	
VOCATIONAL / TRADE COURSE							
COLLEGE	VISAYAS STATE UNIVERSITY - MAIN CAMPUS	BACHELOR OF PHYSICAL EDUCATION	2018	2022		2022	CUM LAUDE
GRADUATE STUDIES							
(Continue on separate sheet if necessary)							
SIGNATURE			DATE	02/9/2023		CS FORM 212 (Revised 2017), Page 1 of 4	

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
HONOR GRADUATE ELIGIBILITY		2022	N/A		
DRIVER'S LICENSE		2018	BAYBAY CITY	H12-18-001943	11/12/2032

(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	GOVT SERVICE (Y/ N)
From	To						
09/19/2022	02/01/2023	INSTRUCTOR	VISAYAS STATE UNIVERSITY - MAIN	15000.00		PART TIME	

(Continue on separate sheet if necessary)

SIGNATURE		DATE	02/09/2023	CS FORM 212 (Revised 2017), Page 2 of 4
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VI. VOLUNTARY WORK OR INVOLVEMENT IN CIVIC / NON-GOVERNMENT / PEOPLE / VOLUNTARY ORGANIZATION/S

29.	NAME & ADDRESS OF ORGANIZATION (Write in full)	INCLUSIVE DATES (mm/dd/yyyy)		NUMBER OF HOURS	POSITION / NATURE OF WORK
		From	To		
	BACHELOR OF PHYSICAL EDUCATION STUDENT SOCIETY Vsu Visca, Baybay City, Leyte	08/28//2018	05/10/2019		PUBLIC INFORMATION OOFFICER
	COLLEGE OF EDUCATION SUPREME STUDENT COUNCIL Vsu Visca, Baybay City, Leyte	08/20/2019	05/15/2020		PUBLIC INFORMATION OOFFICER
	COLLEGE OF EDUCATION SUPREME STUDENT COUNCIL Vsu Visca, Baybay City, Leyte	10/05/2020	08/13/2021		PUBLIC INFORMATION OOFFICER
	COLLEGE OF EDUCATION SUPREME STUDENT COUNCIL Vsu Visca, Baybay City, Leyte	09/13/2021	05/21/2022		VICE - PRESIDENT


(Continue on separate sheet if necessary)

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

[illegible]

(Continue on separate sheet if necessary)

31. SPECIAL SKILLS and HOBBIES	32. NON-ACADEMIC DISTINCTIONS / RECOGNITION (Write in full)	MEMBERSHIP IN ASSOCIATION/ORGANIZATION (Write in full)
DANCING		
SWIMMING		
COMPUTER LIRERATE		
WILLING TO LEARN		

<i>(Continue on separate sheet if necessary)</i>				
SIGNATURE		DATE	02/09/2023	CS FORM 212 (Revised 2017), Page 3 of 4

ID/License/Passport No.:	712-10-001943
Date/Place of Issuance:	11/12/2018/ BAYBAY CITY, LEYTE

Signature (Sign inside the box)
02/09/2023
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