

# 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	MEJICA		
FIRST NAME	AMPARO CHRISTINE		NAME EXTENSION (JR., SR)
MIDDLE NAME	ALAGABIA		
3. DATE OF BIRTH (mm/dd/yyyy)	12/21/1997	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	GAMAY N. SAMAR	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	N/A SAN MIGUEL House/Block/Lot No. Street N/A ORIENTAL 2 Subdivision/Village Barangay GAMAY NORTHERN SAMAR City/Municipality Province 6422
7. HEIGHT (m)	1.5	ZIP CODE	
8. WEIGHT (kg)	44		
9. BLOOD TYPE		18. PERMANENT ADDRESS	N/A SAN MIGUEL House/Block/Lot No. Street N/A ORIENTAL 2 Subdivision/Village Barangay GAMAY NORTHERN SAMAR City/Municipality Province 6422
10. GSIS ID NO.	N/A	ZIP CODE	
11. PAG-IBIG ID NO.	121254019266		
12. PHILHEALTH NO.	1325-2508-3024		
13. SSS NO.	06-4320421-8	19. TELEPHONE NO.	N/A
14. TIN NO.	N/A	20. MOBILE NO.	0935-945-0702
15. AGENCY EMPLOYEE NO.	N/A	21. E-MAIL ADDRESS (if any)	<a href="mailto:mejicaamparochristine@gmail.com">mejicaamparochristine@gmail.com</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/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.				
24. FATHER'S SURNAME	MEJICA			
FIRST NAME	CALVIN	NAME EXTENSION (JR., SR)		
MIDDLE NAME	CAJONTOY			
25. MOTHER'S MAIDEN NAME	ALAGABIA			
SURNAME	MEJICA			
FIRST NAME	ROWENA			
MIDDLE NAME	DELMONTE		(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	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						
COLLEGE	LEYTE NORMAL UNIVERSITY	BACHELOR OF SECONDARY EDUCATION (BIOLOGICAL SCIENCES)	2015	2019	GRADUATED	2019	Proficiency Awardee
GRADUATE STUDIES	N/A	N/A	N/A	N/A	N/A	N/A	N/A
<i>(Continue on separate sheet if necessary)</i>							
<b>SIGNATURE</b>			<b>DATE</b>		8/28/2022		

#### IV. CIVIL SERVICE ELIGIBILITY

[illegible]

**(Continue on separate sheet if necessary)**

## V. WORK EXPERIENCE

[illegible]


(Continue on separate sheet if necessary)

<b>SIGNATURE</b>		<b>DATE</b>	08/28/2022
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## VI. VOLUNTARY WORK OR INVOLVEMENT IN CIVIC / NON-GOVERNMENT / PEOPLE / VOLUNTARY ORGANIZATION/S

[illegible]

(Continue on separate sheet if necessary)


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

[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)
	COMMUNICATION SKILLS		N/A		NATIONAL ORGANIZATION OF SCIENCE TEACHERS AND EDUCATORS (NOSTE), Inc.
	COMPUTER LITERATE		N/A		PHILIPPINE ASSOCIATION FOR TEACHERS & EDUCATORS (PAFTE), Inc.

SPORTS (TABLE TENNIS)	N/A	
(Continue on separate sheet if necessary)		
SIGNATURE		DATE
		08/28/2022

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)?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES <input checked="" type="checkbox"/> 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?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If YES, give details: _____  <input type="checkbox"/> YES <input checked="" type="checkbox"/> 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?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> 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?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> 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?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If YES, give details: _____  <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If YES, give details: _____
39. Have you acquired the status of an immigrant or permanent resident of another country?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> 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?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If YES, please specify: _____  <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If YES, please specify ID No: _____  <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If YES, please specify ID No: _____

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

NAME	ADDRESS	TEL. NO.
<b>DR. JOYCE M. MAGTOLIS</b>	<b>TACLOBAN CITY</b>	
<b>MR. JEFF MANIBAY</b>	<b>TACLOBAN CITY</b>	<b>9177337359</b>

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.



**MEJICA, AMPARO CHRISTINE A.**

PHOTO

Government Issued ID (i.e. Passport, GSIS, SSS, PRC, Driver's License, etc.)

PLEASE INDICATE ID Number and Date of Issuance

Government Issued ID: **PRC**

ID/License/Passport No.: **1848674**

Date/Place of Issuance: **01-15-2020/TACLOBAN CITY**

Signature (Sign inside the box)

08/28/2022

Date/Place of issuance:

01-10-2020 / TAGLOGAN CITY

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



