

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	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	ZONE 6 House/Block/Lot No. Street SALVACION Subdivision/Village Barangay ABUYOG LEYTE City/Municipality Province ZIP CODE 6510
8. WEIGHT (kg)	47		
9. BLOOD TYPE	A+		
10. GSIS ID NO.	N/A		
11. PAG-IBIG ID NO.	121308339148	18. PERMANENT ADDRESS	ZONE 6 House/Block/Lot No. Street SALVACION Subdivision/Village Barangay ABUYOG LEYTE City/Municipality Province ZIP CODE 6510
12. PHILHEALTH NO.	13-250233006-7		
13. SSS NO.	N/A		
14. TIN NO.	619-682-337-00000	19. TELEPHONE NO.	N/A
15. AGENCY EMPLOYEE NO.	N/A	20. MOBILE NO.	0939-264-5504
		21. E-MAIL ADDRESS (if any)	rhica.mendoza99@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	N/A	NAME EXTENSION (JR., SR)	JHAC RHELLE MENDOZA TAN	5/29/2021
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	GALINO			
SURNAME	MENDOZA			
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	GRADUATED	2012	2ND HONOR

SECONDARY	NOTRE DAME OF ABUYOG INC.	JUNIOR HIGH SCHOOL	2012	2016	GRADUATED	2016	N/A
	WESTERN LEYTE COLLEGE OF ORMOC INC.	SENIOR HIGH SCHOOL	2016	2018	GRADUATED	2018	N/A
VOCATIONAL / TRADE COURSE	N/A	N/A	N/A	N/A	N/A	N/A	N/A
COLLEGE	VISAYAS STATE UNIVERSITY - MAIN CAMPUS	BACHELOR OF PHYSICAL EDUCATION	2018	2022	GRADUATED	2022	CUM LAUDE
GRADUATE STUDIES	N/A	N/A	N/A	N/A	N/A	N/A	N/A
(Continue on separate sheet if necessary)							
SIGNATURE		DATE	07/10/2023		CS FORM 212 (Revised 2017), Page 1 of 4		

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
	LICENSURE EXAMINATION FOR TEACHERS (LET)	84.0	3/19/2023	TACLOBAN CITY	2062135	11/12/2026
	HONOR GRADUATE ELIGIBILITY	N/A	3/9/2023	CSC RO VIII	100108230426	N/A
	DRIVER'S LICENSE	N/A	11/12/2018	BAYBAY CITY	H12-18-001943	11/12/2032

V. WORK EXPERIENCE

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

[illegible]

SIGNATURE		DATE	07/10/2023	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	8/28/2018	10/5/2019	N/A	PUBLIC INFORMATION OFFICER
	COLLEGE OF EDUCATION SIPREME STUDENT COUNCIL VSU Visca, Baybay City, Leyte	8/20/2019	5/15/2020	N/A	PUBLIC INFORMATION OFFICER
	COLLEGE OF EDUCATION SIPREME STUDENT COUNCIL VSU Visca, Baybay City, Leyte	5/10/2020	8/13/2021	N/A	PUBLIC INFORMATION OFFICER
	COLLEGE OF EDUCATION SIPREME STUDENT COUNCIL VSU Visca, Baybay City, Leyte	9/13/2021	5/21/2022	N/A	VICE-PRESIDENT

(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)

(Start from the most recent E&D/training program and include only the relevant E&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)	MEMBERSHIP IN ASSOCIATION/ORGANIZATION (Write in full)
	DANCING		ASSISTANT COACH, VSU TABLE TENNIS WOMEN VARSITY	PHILIPPINE ASSOCIATION FOR TEACHERS AND EDUCATORS (PAFTE), INC.

HIKING	TECHNICAL SUPPORT DURING UNIVERSITY WIDE INTRAMURALS 2019			
COMPUTER LITERATE	OFFICIATING OFFICIAL DURING THE UISB SPORT FESTIVAL 2019			
WILLING TO LEARN	EXEMPLARY SERVICE AS VICE-PRESIDENT OF COED-SSC A.Y. 2021-2022			
<i>(Continue on separate sheet if necessary)</i>				
SIGNATURE		DATE	07/10/2023	CS FORM 212 (Revised 2017), Page 3 of 4

<p>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,</p> <p>a. within the third degree?</p> <p>b. within the fourth degree (for Local Government Unit - Career Employees)?</p>	<p><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p><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?</p> <p>b. Have you been criminally charged before any court?</p>	<p><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>If YES, give details: _____</p>													
	<p><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>If YES, give details: _____</p> <p style="text-align: right;">Date Filed: _____</p> <p style="text-align: right;">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?</p>	<p><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 the public or private sector?</p>	<p><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)?</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 national or local candidate?</p>	<p><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>If YES, give details: _____</p>													
	<p><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>If YES, give details: _____</p>													
<p>39. Have you acquired the status of an immigrant or permanent resident of another country?</p>	<p><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 8972), please answer the following items:</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><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>If YES, please specify: _____</p>													
	<p><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>If YES, please specify ID No: _____</p>													
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	<p><input type="checkbox"/> YES <input checked="" type="checkbox"/> 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; margin-top: 5px;"> <thead> <tr> <th style="width: 35%;">NAME</th> <th style="width: 35%;">ADDRESS</th> <th style="width: 30%;">TEL. NO.</th> </tr> </thead> <tbody> <tr> <td style="text-align: center;">EDILBERTO A. ARTIGA JR. II</td> <td style="text-align: center;">GUADALUPE BAYBAY CITY, LEYTE</td> <td style="text-align: center;">0938 364 4332</td> </tr> <tr> <td style="text-align: center;">KEMVIRLY PLACA - ANGCO</td> <td style="text-align: center;">GABAS BAYBAY CITY LEYTE</td> <td style="text-align: center;">N/A</td> </tr> <tr> <td style="text-align: center;">ELWIN JAY V. U</td> <td style="text-align: center;">VSU, BAYBAY CITY, LEYTE</td> <td style="text-align: center;">0960 449 2733</td> </tr> </tbody> </table>		NAME	ADDRESS	TEL. NO.	EDILBERTO A. ARTIGA JR. II	GUADALUPE BAYBAY CITY, LEYTE	0938 364 4332	KEMVIRLY PLACA - ANGCO	GABAS BAYBAY CITY LEYTE	N/A	ELWIN JAY V. U	VSU, BAYBAY CITY, LEYTE	0960 449 2733	<div style="border: 1px solid black; padding: 10px; margin: 10px auto; width: 80%;"> <p>ID picture taken within the last 6 months 3.5 cm. X 4.5 cm (passport size)</p> <p>With full and handwritten name tag and signature over printed name</p> <p>Computer generated or photocopied picture is not acceptable</p> </div> <p style="margin-top: 10px;">PHOTO</p> <div style="border: 1px solid black; height: 100px; width: 100%; margin-top: 10px;"></div>
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ELWIN JAY V. U	VSU, BAYBAY CITY, LEYTE	0960 449 2733												
<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 attachments shall cause the filing of administrative/criminal case/s against me.</p>														
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="2">Government Issued ID (i.e.Passport, GSIS, SSS, PRC, Driver's License, etc.)</td> </tr> <tr> <td colspan="2"><i>PLEASE INDICATE ID Number and Date of Issuance</i></td> </tr> <tr> <td style="width: 50%;">Government Issued ID:</td> <td>DRIVER'S LICENSE</td> </tr> <tr> <td>ID/License/Passport No.:</td> <td>H12-18-001943</td> </tr> </table>	Government Issued ID (i.e.Passport, GSIS, SSS, PRC, Driver's License, etc.)		<i>PLEASE INDICATE ID Number and Date of Issuance</i>		Government Issued ID:	DRIVER'S LICENSE	ID/License/Passport No.:	H12-18-001943	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="height: 60px;"></td> </tr> <tr> <td style="text-align: center;">Signature (Sign inside the box)</td> </tr> </table>		Signature (Sign inside the box)			
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Signature (Sign inside the box)														

Date/Place of Issuance: 11/12/2018/ BAYBAY CITY,LEYTE

07/10/2023
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