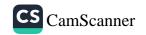
CS Form No. 212			-						
Revised 2017	PERSOI	NAL DATA	SH	IEE.	Т				
WARNING: Any misrepresenta concerned.	tion made in the Personal Data Sheet and the	Work Experience Sheet shall c	ause the	filing of adr	ministrative/	criminal case/s a	gainst the p	erson	
READ THE ATTACHED GUIDE	TO FILLING OUT THE PERSONAL DATA SHE			E PDS FOR		2 3 3 3	(D	F 000	
Print legibly. Tick appropriate boxes I. PERSONAL INFORMATIO	() and use separate sheet if necessary. Indicate N	I/A if not applicable. DO NOT ABBR	EVIATE.	Mar di Servi	1. CS ID No.		(Do not fill up.	For CSC use on	
2. SURNAME	MENDAZA		ASSESSED NO.			CHAPTER COLOR	THE STREET, ST		
FIRST NAME					-	NAME EXTENSION (J	R., SR)		
MIDDLE NAME	ERICA				N/A				
3. DATE OF BIRTH	NAVARRA								
(mm/dd/yyyy)	04/27/2001	16. CITIZENSHIP		Filipino Dual Citizenship			by naturalization		
4. PLACE OF BIRTH	palo, lett	If holder of dual citizenship			Pls. indicate country:				
5. SEX	☐ Male ☐ Female	please indicate the details							
6 CIVIL STATUS	Single Married	17. RESIDENTIAL ADDRESS					UBERATI	ION	
	Widowed Separated Other/s:		House/Block/Lot No.			Street NAGA-NAGA Barangay			
7. HEIGHT (m)	SIF		Subdivision/Village PAto City/Municipality		LE 1TE				
8. WEIGHT (kg)	40 kg	ZIP CODE	AUT TH	, mamorpant		6501			
9. BLOOD TYPE	1	18. PERMANENT ADDRESS					UNERA	TION	
10. GSIS ID NO.	N/A		House/Block/Lot No.		Street NAGA - NA		NAta A		
11. PAG-IBIG ID NO.	N/A		Subdivision/Village		Barangay		-Non		
	N/A		PAW City/Municipality		Frovince				
12. PHILHEALTH NO.	13-250412181-8	ZIP CODE			(leto1	701		
13. SSS NO.	N/A	19. TELEPHONE NO.	ONE NO.		N/A				
14. TIN NO.	N/A	/A 20. MOBILE NO.		09538702075					
15. AGENCY EMPLOYEE NO.	N/A	21. E-MAIL ADDRESS (if any)	ericamendazal		@amail.	com	14-8		
II. FAMILY BACKGROUND	Mark Control of the Control of the	RECEIPTION OF THE SEC	-				Table 1		
22. SPOUSE'S SURNAME	N/A		NAME of CH	HILDREN (Wr	ite full name ar	nd list all)	DATE OF BIR	TH (mm/dd/yyy)	
FIRST NAME		NAME EXTENSION (JR., SR)		N	IA		1	VIA	
MIDDLE NAME					1-1-1				
OCCUPATION				1114		-			
EMPLOYER/BUSINESS NAME									
BUSINESS ADDRESS									
TELEPHONE NO.									
24. FATHER'S SURNAME	MEN DAZA								
FIRST NAME	HDELDIORO	NAME EXTENSION (JR., SR)							
MIDDLE NAME	AGUILLON								
25. MOTHER'S MAIDEN NAME									
SURNAME	NAVARRA		414						
FIRST NAME	MA. WUTA								
III. EDUCATIONAL BACKG	DAHAMI		Santa L	(0	Continue on se	parate sheet if nece	ssary)		
26.	KOUND	AND DESCRIPTION	1000	Name of Street	10 May 10	200		THE PARTY NAMED IN	
LEVEL	NAME OF SCHOOL (Write in full)	BASIC EDUCATION/DEGREE/CO	OURSE	PERIOD OF	To	HIGHEST LEVEL/ UNITS EARNED (if not graduated)	YEAR GRADUATED	SCHOLARSHIP ACADEMIC HONORS RECEIVE	
ELEMENTARY	NAGA-NAGA ELEM. SCHOOL	ELEMENTARY		2009	2014	N/A	2014	WITH	
SECONDARY	ACIC COLLEGE TACLOBAN	SENIOR HIGH		2014	2020	NAA	2020	0	
VOCATIONAL / TRADE COURSE	N/A				.,	677803	TEL SE	The	
COLLEGE	EASTERN VISAYAS STATE UNIVERSITY	BACHELOR OF CULTUI		2020	2024	NA	2024	ACHIEVER	
GRADUATE STUDIES	N/A	The second second	prin.		1	ale	1		
		Continue on separate sheet if necessar	y)				1.00		
SIGNATURE	M			DA	ATE		17/ 20 2		
						CS	FORM 212 (Revise	d 2017). Paga 1 o	



CIVIL SERVICE ELIGI		4	TO THE REAL PROPERTY.	THE STATE OF			LICENSE (if ap	plicable)
SPECIAL LAW	080 (BOARD/ BAR) UNDER NS/ CES/ CSEE TY / DRIVER'S LICENSE	RATING (If Applicable)	DATE OF EXAMINATION / CONFERMENT	PLACE OF EXAMINA	TION / CONFER	MENT	NUMBER	Date of Validity
CENSURE EXAMIN		74.60%	09/29/2024	STO. NINO SPET	CENTER		2268667	04/27/2
FNO 1 035 1014/10	TOMORENS							
						-		
1.00					ASA	AD 193		
						AVAU		
				ALL CAN	1008	rs/po		
					mou.			
		(Co	ntinue on separate sheet	if necessary)				All Contracts
WORK EXPERIENCE lude private employmer	nt. Start from your recei	nt work) Description	on of duties should b	e indicated in the attach	ed Work Exp	erience shee		
INCLUSIVE DATES (mm/dd/yyyy)	POSITION 1 (Write in full/Do no	TITLE	DEPARTMENT / AG	ENCY / OFFICE / COMPANY /Do not abbreviate)	MONTHLY SALARY	SALARY/ JOB/ PAY GRADE (if applicable) & STEP (Format "00-0")/ INCREMENT	STATUS OF APPOINTMENT	GOV" SERVIC (Y/ N)
	CACH FOR WORK (DEFICE (TAFF)	DOWD TIELD	OFFICE VIII	₱ 405,00kba		CONTRACTUAL	N
18/2029 01/10/10/25	CASH TON MONEY	511100 \$1111)	0510 1100	011100 111	1 100 - 100	(-7.7		
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17403			1000	Maria Company	4			
SA ABOUT STATE	2867				-			
31 10	1 10				-			
11/18	273 22 2				-			
150	13.19	(C	ontinue on separate shee	if necessary)		,		
SIGNATURE	1000) M.		DATE		03/17	2 25 S FORM 212 (Revised 2	

M. VOLUNTARY WORK OR INVOLVEMEN	T IN CIVIC / NON-GOVERNMEN	THE RESERVE AND ADDRESS OF THE PARTY OF	Section Section 1997	ORGANIZAT	TION/S	图 数 4	下ttk以及 的	
29. NAME & ADDRESS OF C (Write in fu			E DATES d/yyyy)	NUMBER OF HOURS		POSITION	/ NATURE OF WORK	
1		From	То					
N/A		N/A	N/A	N/A		NIA		
					9 - 4	-		
		THE R. P. LEWIS CO.						
VII. LEARNING AND DEVELOPMENT (L&	O) INTERVENTIONS/TRAINING	tinue on separate s	sheet if necessary		figure (Annies and Annies and An			
		INCLUSIVE	DATES OF		Type of LD	NO DE LA CONTRACTION DE LA CON	A SURA SHIELD PROPERTY OF THE	
 TITLE OF LEARNING AND DEVELOPMENT IN (Write in f) 	ITERVENTIONS/TRAINING PROGRAMS		IDANCE Id/yyyy)	NUMBER OF HOURS	Type of LD (Managerial/ Supervisory/	CONDUCTED/ SPONSORED BY (Write in full)		
		From	То		Technical/etc)			
TEACHING IN	JTERN SHIP	02/28/2024	05/27/2024	360 hours	TECHNI CAL	EASTERN	VICAYAS STATE UNIVERSIT	
			The same	13.	The same of			
	THE REAL PROPERTY.							
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	2010 P2 0 37 37	du tour			UT 303 QM	- 17 9.	HAL PULL	
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VIII. OTHER INFORMATION	12400			建筑	No and	300 18	* 10 mg W. 14 12 12 12 12 12 12 12 12 12 12 12 12 12	
31. SPECIAL SKILLS and HOBBIES	32. NON	-ACADEMIC DISTIN	NCTIONS / RECOG	SNITION		33. MEMB	ERSHIP IN ASSOCIATION/ORGANIZATION (Write in full)	
ORGANIZATIONAL SKILLS		N/A	- or early			01 0	(Write in rull)	
		N/n				Fuel State		
BASIC COMPUTER LITERACY	38.02 (8)	1.80		- In-	3 0919		Control of the Contro	
TEAM WORK		11 100	¢		U U WIA	(F 181 3)		
						1050	mark il	
DANUNG	11-12	A VA				100	1971	
		TEVDTO LEVA	TALK			EAL OF	TO TO THE TOTAL PROPERTY OF THE TOTAL PROPER	
	5 m 4 m	ntinue on separate)		VIII	1600	
SIGNATURE	The same	1		Di	ATE	186	03/19/2025	
		and make the	Parket and			-	CS FORM 212 (Revised 2017), Page 3 of	



34. Are you related by consanguinity or affinity to the appointing chief of bureau or office or to the person who has immediate Bureau or Department where you will be apppointed, a. within the third degree?	or recommending authority, or to the supervision over you in the Office,	☐ YES ☑	NO.		
b. within the fourth degree (for Local Government Unit -	YES NO YES NO If YES, give details:				
35. a. Have you ever been found guilty of any administrative	offense?	YES 🛛	NO		
		If YES, give details:	Mark Street		
b. Have you been criminally charged before any court?	YES NO If YES, give details: Date Filed: Status of Case/s:				
36. Have you ever been convicted of any crime or violation regulation by any court or tribunal?	☐ YES ☑ NO If YES, give details:				
37. Have you ever been separated from the service in any o retirement, dropped from the rolls, dismissal, terminatio 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 (except Barangay election)?	☐ YES ☑ NO If YES, give details:				
b. Have you resigned from the government service during the last election to promote/actively campaign for a national service.	☐ YES ☑ NO If YES, give details:				
39. Have you acquired the status of an immigrant or perman	YES NO If YES, give details (country):				
Pursuant to: (a) Indigenous People's Act (RA 8371); (b) Mag 7277); and (c) Solo Parents Welfare Act of 2000 (RA 8972), Are you a member of any indigenous group? Are you a person with disability? Are you a solo parent?	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 appl	icant /appointee)				
NAME	ADDRESS	TEL. NO.			
OFEUA O. PAGAY	PALO, LETTE	09612469105	==		
MA- ETHEL G. DECHOSA	tacloban, UTY	09628441045			
JUNY JANE H. MORETO	PALO, LEYTE	09780246138			
42. I declare under oath that I have personally accomplish and complete statement pursuant to the provisions of p of the Philippines. I authorize the agency head/autho stated herein. I agree that any misrepresentation cause the filing of administrative/criminal case/s against	pertinent laws, rules and regulations rized representative to verify/valida n made in this document and its at	of the Republic te the contents	ERICA N. MENDAZA		
Government Issued ID (i.e. Passport, GSIS, SSS, PRC, Driver's License, etc.) PLEASE INDICATE ID Number and Date of Issuance	M				
Government Issued ID: PRC ID	VI.		3		
ID/License/Passport No.: 2268664	Signature (Sign inside the				
Date/Place of Issuance: 61/24/2025 DRMD C UTY	Date Accomplished		Right Thumbmark		
SUBSCRIBED AND SWORN to before me this	R 0 4-2025 affiant exhibi	ting his/her validly issued gov	ernment ID as indicated above.		
Doc No. 487 Paga No. 99 Book No. V/	ATTY. FAT ULGA-BARBOSA Notary Public or Taxlohan City & Leyte NC No. 2024-0111 until December 31, 202 ROPerson Administrating O	sath			
Series of MA	PTR No. 9913677; 01/03/2025, Palo, Lexte		CS FORM 212 (Revised 2017), Page 4 of		
	San Isidro St., Brgy. Naga-Naga, Palo, Leyt MCLE Compliance No. VIII-0007/08 Valid until Apr	il 14, 2028	Control of the Parish of the Control		