SECONDARY

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 FILL<u>IN</u>G OUT THE PERSONAL DATA SHEET (PDS) BEFORE ACCOMPLISHING THE PDS FORM. Print legibly. Tick appropriate bo 🔲 () and use separate sheet if necessary. Indicate N/A if not applicable. 🛭 OO NOT ABB 11. CS 10 No. (Do not fill up. For CSC use only) 2. SURNAME MEJIA NAME EXTENSION (JR., SR) JENALYN FIRST NAME MIDDLE NAME GOÑA 3. DATE OF BIRTH 05/26/1997 16. CITIZENSHIP (mm/dd/yyyy) 4. PLACE OF BIRTH BAYBAY LEYTE If holder of dual citizenship, Pls. indicate country: please indicate the details. 5. SEX 17. RESIDENTIAL ADDRESS N/A N/A 6 CIVIL STATUS House/Block/Lot No Street HIBUNAWAN Subdivision/Village BAYBAY CITY **I FYTF** 1,549 7. HEIGHT (m) Citu/Municipalitu Province 8. WEIGHT (kg) 69 ZIP CODE 6521 18. PERMANENT ADDRESS N/A N/A 9. BLOOD TYPE B+ House/Block/Lot No. Street HIBUNAWAN N/A 10. GSIS ID NO. N/A Subdivision/Village Barangay BAYBAY CITY **LEYTE** 11. PAG-IBIG ID NO. N/A City/Municipality Province 12. PHILHEALTH NO. N/A ZIP CODE 6521 13. SSS NO. N/A 19. TELEPHONE NO. 14. TIN NO. 372-753-482-000 20. MOBILE NO. 09359794239/09944371165 15. AGENCY EMPLOYEE NO. N/A 21. E-MAIL ADDRESS (if any. jenalyngonia@gmail.com FAMILY BACKGROUND DATE OF BIRTH 22. SPOUSE'S SURNAME MEJIA 23. NAME of CHILDREN (Write full name and list all) (mm/dd/yyyy) NAME EXTENSION (JR., SR) FIRST NAME **JUNIFER** ALTHEA JANE G. MEJIA 8/10/2015 MIDDLE NAME 03/28/20 DUPAL ADRIELLA JOY G. MEJIA OCCUPATION 0FW EMPLOYER/BUSINESS NAME N/A BUSINESS ADDRESS N/A TELEPHONE NO. N/A GOÑA 24. FATHER'S SURNAME NAME EXTENSION (JR., SR) JONATHAN FIRST NAME ALMONICAR MIDDLE NAME 25. MOTHER'S MAIDEN NAME DEITA SURNAME UISITACION FIRST NAME MIDDLE NAME DETABLAN (Continue on separate sheet if necessary) BACKGROUNU EDUCATIONAL SCHOLARSHI PERIOD OF ATTENDANCE LEUEL/ 26. BASIC EDUCATION / DEGREE / COURSE NAME OF SCHOOL YEAR ACADEMIC LEVEL INITS EARNED (Write in full) (Write in full) GRADUATED HONORS RECEIVED From To ELEMENTARY HIBUNAWAN ELEMENTARY SCHOOL PRIMARY EDUCATION 2004 2009 GRADUATE 2009 N/A

HIGH SCHOOL

BAYBAY NATIONAL HIGH SCHOOL

2009

2013

GRADUATE 2013

N/A

| UOCATIONAL / TRADE COURSE | N/A | | N/A | N/A | N/A | N/A | N/A |
|---|---|--|------|------|----------|--------------|----------------|
| COLLEGE | FRANCISCAN COLLEGE OF THE IMMACULATE CONCEPTION | BACHELOR OF SECONDARY EDUCATION MAJOR IN FILIPINO | 2013 | 2018 | GRADUATE | 2018 | DEAN LIST'S |
| GRADUATE STUDIES | N/A | N/A | N/A | N/A | N/A | N/A | N/A |
| (Continue on separate sheet if necessary) | | | | | | | |
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| IV. CIVIL | SERVICE E | LIGIBILITY | | | | | | | |
|-------------------|-------------------------------|--|---------------------------|--------------------------------|---|-------------------|---|-----------------|---------------------|
| | | A 1080 (BOARD/ BAR) | RATING | DATE OF | | | | LICENSE (if a | applicable) |
| UNI | DER SPECIAL I | LAWS/ CES/ CSEE TY / DRIVER'S LICENSE | RATING (If Applicable) | EXAMINATION / CONFERMENT | PLACE OF EXAMINAT | TION / COI | NFERMENT | NUMBER | Date of Validity |
| | <i>RA</i> 10 | 080 | 76.0 | 10/2/2022 | TACLOBA | AN CITY | - | 1976834 | 05/26/ 6 |
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| I IIIOPV | EXPERIEN | OCF. | (Continu | e on separate sheet it | necessary) | | | | |
| | | oz syment. Start from y | our recent work | k) Description of d | iuties should be indic | ated in t | | | rience s |
| 8. INCLUS (mm/ | SIVE DATES (dd/yyyy) To | POSITION 7 (Write in full/Do no | | co | AGENCY / OFFICE / MPANY 'Do not abbreviate) | MONTHLY SALARY | SALARY / 108 / PAY GRADE (if applicable)& STEP (Format" 00-0") / INCREMENT | STATUS OF | GOVT SERL (Y/N) |
| | 3/31/2020 | NURSERY AL | OUISER | IMMACULATE CO ANGELICUM.INC | NCEPTION | 5000.00 | | CONTRACTUA L | NO |
| /12/2021 | 6/27/2021 | TUTOR TEA | CHER | | L TUTOR CENTER | 5000.00 | N/A | CONTRACTUA L | NO |
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CS FORM 212 (Revised 2017), Page 2 of 4

| 9. | NAME & ADDRESS OF ORGANIZATION (Write in full) | INCLUSIV (mm/da | t/yyyy) | NUMBER OF HOURS | PO | SITION / NATURE OF WORK | | |
|-----------------|--|--------------------------------------|------------------|-------------------|---|---|--|--|
| <u> </u> | | From | To | | | | | |
| | N/A | N/A | N/A | N/A | | N/A | | |
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| | | (Continu | e on separate si | heet if necessary | ı) | | | |
| art | LEARNING AND DEVELOPMENT (Lo from the most recent L&D/training program Executive/Managerial positions) | &D) INTERUI | ENTIONS/T | RAINING PRO | OGRAMS ATTI | | | |
|). | TITLE OF LEARNING AND DEVELOPMENT INTERVENTIONS/TRAINING PROGRAMS (Write in full) | INCLUSIVE ATTEN (mm/da From | DANCE | NUMBER OF HOURS | Type of LD (Managerial/ Supervisory/ Technical/etc) | CONDUCTED / SPONSORED BY (Write in full) | | |
| upute ıcatio | r Upskills Training: ICT Integration in the 21st Century n | 1/11/2023 | 11/15/202 | 120 hours | | Jan Angelo G. Morata- Director | | |
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| | | Continu | o on conanata - | heet if necessary | <i>(</i>) | | | |
| /// | OTHER INFORMATION | Toruntu | on sopurate si | wer a necessary | | | | |
| 1. | SPECIAL SKILLS and HOBBIES | NON-AC | | NCTIONS / REC | OGNITION | MEMBERSHIP IN 33. ASSOCIATION/ORGANIZATIO (Write in full) | | |
| | READING | | (1 | /A | | N/A | | |
| | WATCHING DOCUMENTARIES | N/A | | | N/A | | | |
| | DANCING | | - | | | N/A | | |
| | DAIIUIIU | N/A | | | III A | | | |

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| SIGNATURE | | OATE | February 5, 2024 |

CS FORM 212 (Revised 2017), Page 3 of 4

| 34. Are you related by consanguinity or affinity to the ap- chief of bureau or office or to the person who has imm | | | | |
|---|---|---|---|--|
| chief of bureau or office or to the person who has imp | pointing or recommending | 3 | | |
| | | | | |
| Bureau or Department where you will be apppointed | İ | | | |
| | , | | | |
| a. within the third degree? | | | | |
| b. within the fourth degree (for Local Government Uni | it – Career Employees)? | | | |
| | If YES, give details: | | | |
| | | ii (20, give details) | | |
| | | | · | |
| 35. a. Have you ever been found guilty of any administra | tive offense? | | | |
| | | INUTE wine details: | | |
| | | If YES, give details: | | |
| | | | | |
| | | | - | |
| b. Have you been criminally charged before any cour | rt? | | | |
| | | If YES, give details: | | |
| | | Date Filed: | | |
| | | <u> </u> | • | |
| | | Status of Case/s: | | |
| 36. Have you ever been convicted of any crime or violatio | n of any law, decree, | | | |
| ordinance or regulation by any court or tribunal? | , | 101150 1 1 1 1 1 | | |
| , , , | | If YES, give details: | | |
| | | | | |
| | | | . | |
| 37. Have you ever been separated from the service in any | | | | |
| resignation, retirement, dropped from the rolls, dism | | If YES, give details: | | |
| term, finished contract or phased out (abolition) in th | he public or private sector | FINISHED CONTRACT | | |
| 38. a. Have you ever been a candidate in a national or lo | cal election held within the | | · | |
| | cai eiecaon neia wanan m | | | |
| last year (except Barangay election)? | | If YES, give details: | | |
| to the second decrease the constraint and the second decrease the | | | - | |
| b. Have you resigned from the government service du | | | | |
| period before the last election to promote/actively can | mpaign tor a national or | If YES, give details: | | |
| local candidate? 39. Have you acquired the status of an immigrant or peri | manent resident of another | | | |
| country? | manera restaeta or archiet | | | |
| comm y: | | If YES, give details (country): | | |
| | | | | |
| 40. Pursuant to: (a) Indigenous People's Act (RA 8371); | (b) Magna Cauta fon | | | |
| Disabled Persons (RA 7277); and (c) Solo Parents U | | | | |
| 2079) please answer the following items: | renure act of 2000 tha | | | |
| a. Are you a member of any indigenous group? | | | | |
| | | If YES, please specify: | | |
| | | | | |
| b. And you a penson with disability? | | I | | |
| b. Are you a person with disability? | | 10150 1 10 10 | | |
| b. Are you a person with disability? | | lf YES, please specify ll | O No: | |
| b. Are you a person with disability? c. Are you a solo parent? | | lf YES, please specify Il | D No: | |
| | | If YES, please specify Il If YES, please specify Il | - | |
| | | | - | |
| | o applicant /appointee) | | - | |
| c. Are you a solo parent? 41. REFERENCES (Person not related by consanguinity or affinity to | ., ,, | lf YES, please specify ll | D No: | |
| c. Are you a solo parent? | o applicant /appointee) ADDRESS | | O No: 10 picture taken within the last 6 months | |
| c. Are you a solo parent? 41. REFERENCES (Person not related by consanguinity or affinity to | ., ,, | If YES, please specify ll | ID picture taken within the last 6 months 3.5 cm. X 4.5 cm | |
| c. Are you a solo parent? 41. REFERENCES (Person not related by consanguinity or affinity to | ADDRESS | lf YES, please specify ll | O No: (D picture taken within the last 6 months 3.5 cm. X 4.5 cm (passport size) | |
| 41. REFERENCES (Person not related by consanguinity or affinity to NAME ESTRELLA P. OQUIAS, Ed.D School Head, Gubang ES MRS. SHIRLEY I. GODOY - Education Program | ADDRESS Brgy. Candadam Baybay Leyte | If VES, please specify II TEL. NO. 09306767312 | ID picture taken within the last 6 months 3.5 cm. X 4.5 cm | |
| c. Are you a solo parent? 41. REFERENCES (Person not related by consanguinity or affinity to NAME ESTRELLA P. OQUIAS, Ed.D School Head, Gubang ES MRS. SHIRIFY I. GODOV-Education Program | ADDRESS Brgy. Candadam Baybay | If YES, please specify ll | ID picture taken within the last 6 months 3.5 cm. X 4.5 cm (passport size) With full and handwritten | |
| C. Are you a solo parent? 41. REFERENCES (Person not related by consanguinity or affinity to NAME ESTRELLA P. OQUIAS, Ed.D.—School Head, Gubang ES MRS. SHIRLEY L. GODOY—Education Program Supervisor | ADDRESS Brgy. Candadam Baybay Leyte Brgy. Kolo Baybay Leyte | If VES, please specify II TEL. NO. 09306767312 09178148450 | ID picture taken within the last 6 months 3.5 cm. X 4.5 cm (passport size) With full and handwritten name tag and signature over printed name Computer generated | |
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| SUBSCRIBED AND SWORN to before me this | , affiant exhibiting his/her | validly issued government ID as indicated |
|--|------------------------------|---|
| | |] |
| | | |
| | Person Administering Oath | |
| | | _ |

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Yes/NoCstatGenderYesSingleMaleNoMarriedFemale

Separated Widowed