

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	MENDEZ		
FIRST NAME	JEN	NAME EXTENSION (JR., SR)	
MIDDLE NAME	GONZAGA		
3. DATE OF BIRTH (mm/dd/yyyy)	8/7/1998	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:	17. RESIDENTIAL ADDRESS	N/A N/A House/Block/Lot No. Street N/A HILUSIG Subdivision/Village Barangay MAHAPLAG LEYTE City/Municipality Province
7. HEIGHT (m)	1.5	ZIP CODE	
8. WEIGHT (kg)	48		
9. BLOOD TYPE	O	18. PERMANENT ADDRESS	N/A N/A House/Block/Lot No. Street N/A HILUSIG Subdivision/Village Barangay MAHAPLAG LEYTE City/Municipality Province
10. GSIS ID NO.	N/A	ZIP CODE	6521
11. PAG-IBIG ID NO.	N/A		
12. PHILHEALTH NO.	13-250659467-0		
13. SSS NO.	N/A	19. TELEPHONE NO.	N/A
14. TIN NO.	373-933-953-00	20. MOBILE NO.	0951-823-4850
15. AGENCY EMPLOYEE NO.	N/A	21. E-MAIL ADDRESS (if any)	jenmendez198@gmail.com

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)		
MIDDLE NAME	N/A			
OCCUPATION	N/A			
EMPLOYER/BUSINESS NAME	N/A			
BUSINESS ADDRESS	N/A			
TELEPHONE NO.	N/A			
24. FATHER'S SURNAME	MENDEZ			
FIRST NAME	DIONISIO	JR		
MIDDLE NAME	ROTE			
25. MOTHER'S MAIDEN NAME				
SURNAME	GONZAGA			
FIRST NAME	LEONORA			
MIDDLE NAME	LADA			

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	HILUSIG ELEMENTARY SCHOOL	PRIMARY EDUCATION	6/1/2005	4/2/2011		2011	SALOTATRI AN
SECONDARY	MAHAPLAG NATIONAL HIGHSCHOOL-UPPER	HIGH SCHOOL	6/1/2011	4/1/2015		2015	TOP 10
VOCATIONAL / TRADE COURSE	N/A	N/A	N/A	N/A		N/A	N/A
COLLEGE	VISAYAS STATE UNIVERSITY	DEVELOPMENT EDUCATION	6/8/2015	6/14/2019		2019	N/A
GRADUATE STUDIES	N/A	N/A	N/A	N/A		N/A	N/A

(Continue on separate sheet if necessary)

<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, a. within the third degree? b. within the fourth degree (for Local Government Unit - Career Employees)?</p>	<p><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If YES, give details: _____</p>												
<p>35. a. Have you ever been found guilty of any administrative offense? b. Have you been criminally charged before any court?</p>	<p><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If YES, give details: _____</p> <p><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If YES, give details: _____ Date Filed: _____ 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 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 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)? 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 If YES, give details: _____</p> <p><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO 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 If YES, give details (country): _____</p>												
<p>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?</p>	<p><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If YES, give details: _____</p> <p><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO 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 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: a. Are you a member of any indigenous group? b. Are you a person with disability? c. Are you a solo parent?</p>	<p><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If YES, please specify: _____</p> <p><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If YES, please specify ID No: _____</p> <p><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO 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;"> <thead> <tr> <th style="width: 33%;">NAME</th> <th style="width: 33%;">ADDRESS</th> <th style="width: 33%;">TEL. NO.</th> </tr> </thead> <tbody> <tr> <td>FLORINDA JERVOSO</td> <td>BAYBAY CITY, LEYTE</td> <td>563-9001</td> </tr> <tr> <td>LIZEL LAURENTE</td> <td>BAYBAY CITY, LEYTE</td> <td>0906-849-6701</td> </tr> <tr> <td>NATANIEL PINO</td> <td>CEBU CITY</td> <td>0909-450-1593</td> </tr> </tbody> </table>		NAME	ADDRESS	TEL. NO.	FLORINDA JERVOSO	BAYBAY CITY, LEYTE	563-9001	LIZEL LAURENTE	BAYBAY CITY, LEYTE	0906-849-6701	NATANIEL PINO	CEBU CITY	0909-450-1593
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NATANIEL PINO	CEBU CITY	0909-450-1593											
<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>													
<p>Government Issued ID (i.e. Passport, GSIS, SSS, PRC, Driver's License, etc.) PLEASE INDICATE ID Number and Date of Issuance</p> <p>Government Issued ID: PhilHealth ID/License/Passport No.: 13-250650467-0 Date/Place of Issuance: NOVEMBER 2019/BAYBAY CITY</p>	<p>JOHN GONZALEZ MENDEZ Signature (Sign inside the box) SEPTEMBER 3, 2020 Date Accomplished</p>												
<p>SUBSCRIBED AND SWORN to before me this SEP 03 2020 at BAYBAY CITY, LEYTE, Philippines, by JOHN GONZALEZ MENDEZ, who is personally known to me and is duly issued government ID as indicated above.</p> <p>DOC. NO. 116 PAGE NO. 24 BOOK NO. XV SERIES OF 2020</p> <p style="text-align: center;">ATTY. JASON L. ALONZO NOTARY PUBLIC FOR BAYBAY CITY, MAHAPLAG AND ALBUERA, LEYTE NOTARIAL COMMISSION NO. 8-20-03-01 VALID UNTIL DECEMBER 31, 2021 MCLP from Administrative Code 0311095 VALID UNTIL APRIL 14, 2023 PTR NO. 113890281 / 3-14-2020 / MAHAPLAG, LEYTE IBF NO. 109178 / 1-10-2020 / PASIG CITY ROLL NO. 63051 TIN NO. 943-964-140</p>													

