	110	THE RESERVE						
PE	RSO	NAL DAT	A SH	IEET	Г			
						iminal case/s aga	inst the pers	on
es 🗌 ) and use separate sheet if n				The second second		and totals at	(Do not fill up. I	For CSC use only
Mejor								
Sheena						NAME EXTENSION (JR.	, SR)	un abal. D
Mendoza								
13/02/1994		16. CITIZENSHIP				7 Down Chinamakin		
				[2] Hillips	ino L	_	by naturali	ization
Viga, Catanduar	nes	If holder of dual citize	enship,			Pls. indicate of	country:	
☐ Male	✓ Female	please indicate the o	details.					-
	✓ Married	17. RESIDENTIAL ADDRESS						
	Separated		Hou	ise/Block/Lot No	0.		Zone 4	
					9		Barangay Levte	
	1.V9V-0 E	O POVODE TROUTING TO					Province	
47		ZIP CODE				6521	T.	
A+	Superior and participation of	18. PERMANENT ADDRESS	Hou	ise/Block/Lot N	0.		Street	1505 Hay
N/A		e sque SillioN servail	Sul	bdivision/Village	d and		Zone 4 Barangay	
N/A	un Paradi	Agricultural Traditions In		Baybay (			Leyte	100.0
03-05108286710		ZIP CODE	- 4	0524	Frontila			-1105 1864
N/A		19. TELEPHONE NO.	N/A	3310				
437-840-761-000		20. MOBILE NO.	09972852982					
		2 (A) 2 (1 (A) (A) (A) (A) (A) (A)	sheenamendoza	a64@amail.co	m			
		21. E-MAIL ADDITION (II ally)	directiamendos.	ао-группан.сог				
			23. NAME of CH	ILDREN (Write	full name and	list all)	DATE OF BIR	TH (mm/dd/yyyy)
		NAME EXTENSION (JR., SR)						9/2019
Network Controller								
ATI-RTC8								
Visca, Baybay City, Leyte								
563-7635								
Mendoza								
Rowell		NAME EXTENSION (JR., SR)						
Calizo								
Ogalesco								
Brenda								
				(0	ontinue on se	parate sheet if neces	saryi	Name of A
ROUND								
NAME OF SCHOO (Write in full)	OL .	BASIC EDUCATION/DEGR (Write in full)	REE/COURSE			HIGHEST LEVEL/ UNITS EARNED (if not graduated)	YEAR GRADUATED	SCHOLARSHIP/ ACADEMIC HONORS RECEIVED
Buenavista Elementary	/ School	Primary		2000	2006	N/A	2006	Valedectorian
Tambognon National Hig	gh School	Secondary		2006	2010	N/A	2010	with honors
	_	-	-			-		
N/A		N/A		N/A	N/A	N/A	N/A	N/A
N/A Franciscan Collge of the Immac	culate Conception	N/A  Bachelor of Science in Business Ad  Financial Manager		N/A 2011	N/A 2016	N/A N/A	N/A 2016	N/A with honors
	Ation made in the Personal Data TO FILLING OUT THE PERSON S	Intion made in the Personal Data Sheet and the TO FILLING OUT THE PERSONAL DATA SHEES   ) and use separate sheet if necessary. Indicate N  Mejor  Sheena  Mendoza  13/02/1994  Viga, Catanduanes    Male   Permale   Married   Sungle   Married   Separated   Other/s:  1.58  47  A+  N/A  N/A  N/A  N/A  N/A  N/A  A37-840-761-000  N/A  Mejor  Edgardo  Damalerio  Network Controller  ATI-RTC8  Visca, Baybay City, Leyte  563-7635  Mendoza  Rowell  Calizo  Ogalesco  Brenda  Tolon  ROUND  NAME OF SCHOOL  (Write in full)  Buenavista Elementary School	tition made in the Personal Data Sheet and the Work Experience Sheet shat TO FILLING OUT THE PERSONAL DATA SHEET (PDS) BEFORE ACCOMES (a) and use separate sheet if necessary. Indicate N/A if not applicable. DO NO	tion made in the Personal Data Sheet and the Work Experience Sheet shall cause the fill TO FILLING OUT THE PERSONAL DATA SHEET (PDS) BEFORE ACCOMPLISHING THE DETAIL AND ATA SHEET (PDS) BEFORE ACCOMPLISHING THE DATA SHEET (PDS) BEFORE ACCOMPLISHED T	tion made in the Personal Data Sheet and the Work Experience Sheet shall cause the filling of admin TO FILLING OUT THE PERSONAL DATA SHEET (PDS) BEFORE ACCOMPLISHING THE PDS FORM.    TO FILLING OUT THE PERSONAL DATA SHEET (PDS) BEFORE ACCOMPLISHING THE PDS FORM.	TO FILLING OUT THE PERSONAL DATA SHEET (PDS) BEFORE ACCOMPLISHING THE PDS FORM.    and use separate sheet if necessary. Indicate NIA if not applicable. DO NOT ABBREVIATE.    Mejor	tion made in the Personal Data Sheet and the Work Experience Sheet shall cause the filing of administrative/criminal case's again to FILLING OUT THE PERSONAL DATA SHEET (PDS) BEFORE ACCOMPLISHING THE PDS FORM.	### Browned in the Personal Data Sheet and the Work Experience Sheet shall cause the filling of administrative/criminal case/s against the person of the personal part of the per

CARE	ER SERVICE/ RA 1080 (	(BOARD/ BAR) UNDER	RATING	DATE OF	DI ACE OF EVANINA	TION / CONFEE	MENT	LICENSE (if ap	
BAF	SPECIAL LAWS/ CES/ CSEE BARANGAY ELIGIBILITY / DRIVER'S LICENSE  (If Applicable)		EXAMINATION / PLACE OF EXAMINATION / CONFERMENT CONFERMENT			WENT	NUMBER	Validi	
	Civil Service-Profe	essional	80.15	23/10/2016	St. Joseph College, Maa	N/A	N/A		
							runbershi		E371
			E	-	60 h	er sov i		HILL.	
	med med	ind []			eserción de la companya de la compan	miko jegi			
					[2] Ferran		alah []		
WORK E	XPERIENCE		(Con	ntinue on separate shee	t if necessary)				
clude priva	ate employment. S	lart from your recent	work) Description	of duties should be	e indicated in the attached	Work Exper	SALARYI JOBI PAY		
	JSIVE DATES m/dd/yyyy)	POSITION TO (Write in full/Do not		THE PERSON NAMED IN COLUMN 2 IN COLUMN 2	SENCY / OFFICE / COMPANY ull/Do not abbreviate)	MONTHLY SALARY	GRADE (if applicable)& STEP (Format "00-0")/	STATUS OF APPOINTMENT	SERVIC
From	То						INCREMENT		(4/ N
June 2021	Sept. 27, 2021	Branch Acco		Community Economic Ventures Inc		8,000.00	N/A	Contractual	N
Jan. 2018 Mar. 2016	May 2019 Apr. 2017	Branch Acco		Agricultural Tra	Purpose Cooperative ining Institute-Regional	8,000.00 6,000.00	N/A N/A	Permanent  Job Order	N
Aug. 2013	Apr. 2017 Apr. 2014	Frontline (		Trair	ning Center 8 Chowking	13,282.00	N/A	Contractual	N
J. 20.0		. renume v				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	101		Sel K.
					- I w m	000	11.50.127		N
				To State and St	1611			Dr. III III	E 41 E 11
							ent/	NAME OF	
750		make school	140	to black			obmuu-l	-	
							ohe Imma.i	7884	
						Ministra	2.250E-26		
						a Lythae	pol mali		
							1,01,011	DF 15.	
				74 1140	7140		In Brief	-	
							MDIGH		
							A Partie of	18	
							n will		
				ACT AND	A S	S AT DESIGN			
					- Anni Lat	mail size			
Age Tige I									
		_+				rate space			
- 1			ANI	-		A ST			
				ALTERNATION NAMED IN					
	TAVELUE INV	1		ntinue on separate shee	Contract to the second	S S S S S S S S S S S S S S S S S S S			
SIGNA	ATURE	fm	ŕ		DATE			0/2021 S FORM 212 (Revised 2)	

29.	NAME & ADDRESS OF O (Write in full		INCLUSIV (mm/d		NUMBER OF HOURS	dig ar-	POSITION / NATURE OF WORK	
	N/A		N/A	N/A	N/A	frag lavga	N/A	
		The same Bridge of State of St						
		10.11112						
	285 (C)							
_		(C)	ontinue on separate s	sheet if necessary)				
	NING AND DEVELOPMENT (L&D, e most recent L&D:training program and includ				45	in and and		
			INCLUSIVE DATES OF			Type of LD		
TITLE OF LEARNING AND DEVELOPMENT INTERVENTIONS/TRAINING PROGI (Write in ful)				ATTENDANCE (mm/dd/yyyy)		( Managerial/ Supervisory/ Technical/etc)	CONDUCTED/ SPONSORED BY (Write in full)	
	Frankling Rendere		From	To 44/04/2047		н үз эти	Agricultural Training Institute - Regional Trainin	
inar of	Frontline Services		11/01/2017	11/01/2017	8	Technical	Center 8	
		IF YES, glue, detail	meter house		of one open		Leg Description over 11	
		Dec 100, 1311						
	14 5	EL SIL	-					
	to most	district, was	-					
			Mar and the	(max) 10 mm	Jangeld (e)	TER APPLIAN	Market Control of the Control of the	
	a Entrait 1		south to	esciel set su	em, attali-1	Tall seen room	Action and the second second second	
	12000 [1]					1400		
	ar U	And an art day of					The second secon	
	The second second	HD I	1				Christian di di tribin di F	
7	D. G. P. S. S. S.							
			- Table 1000 1	1100				
		HOUSE PER SECOND	Andre Agend	alen .		yu.	HOLK WILDHOOD WITH	
	Trans.	to implied and to obt	uqu7i oct 10 ar	Uteligen hra	enter med	milwa lo ir	Name of All of Particular Property	
		Court Section 1	med to mail a	Dept. Project	CONTROL OF			
							parties and the same of the sa	
							The second second second	
OTH	ER INFORMATION	(C	ontinue on separate	sheet if necessary	)			
_			ON-ACADEMIC DISTII	NCTIONS / RECOG	SNITION		33. MEMBERSHIP IN ASSOCIATION/ORGANIZATI	
1	SPECIAL SKILLS and HOBBIES	32.		e in full)			(Astine us rm)	
	Cross Stitching		N/A	1			N/A	
		Harris State of the State of th	THE STATE OF THE S				pull-of the officers	
							450	
			dimension of the				18	
		2 (6	Continue on separate	sheet if necessary	0			
	SIGNATURE	fmj.			DA	TE	09/30/2021	

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,			l un		
a. within the third degree?	aar Employaan\2		NO		
b. within the fourth degree (for Local Government Unit - Care	eer Employees)?	YES  If YES, give details:	] NO		
a. Have you ever been found guilty of any administrative offe	a. Have you ever been found guilty of any administrative offense?				
b. Have you been criminally charged before any court?	☐ YES ☑ NO If YES, give details: Date Filed: Status of Case/s:				
Have you ever been convicted of any crime or violation of an any court or tribunal?	☐ YES ☑ NO If YES, give details:				
Have you ever been separated from the service in any of the dropped from the rolls, dismissal, termination, end of term, fi the public or private sector?	☐ YES ☑ NO If YES, give details:				
a. Have you ever been a candidate in a national or local election and a second	☐ YES If YES, give details:				
b. Have you resigned from the government service during the election to promote/actively campaign for a national or local	☐ YES ☑ NO If YES, give details:				
Have you acquired the status of an immigrant or permanent	☐ YES ☑ NO If YES, give details (country):				
Pursuant to: (a) Indigenous People's Act (RA 8371); (b) Mag and (c) Solo Parents Welfare Act of 2000 (RA 8972), please					
Are you a member of any indigenous group?		☐ YES If YES, please specify:	☑ NO		
Are you a person with disability?		YES If YES, please specify I	☑ NO D No:		
Are you a solo parent?		YES If YES, please specify I	☑ NO D No:		
REFERENCES (Person not related by consanguinity or affinity to applica	int /appointee)				
NAME	ADDRESS	TEL. NO.	24		
Luvilla G. Alcober	Visca, Baybay City, Leyte	N/A			
Annabelle M. Garciano	Baybay City, Leyte	N/A			
Mark Anthony Alinsub	Baybay City, Leyte	N/A			
		not and complete			
I declare under oath that I have personally accomplished this statement pursuant to the provisions of pertinent laws, if authorize the agency head/authorized representative to ver misrepresentation made in this document and its attachmagainst me.	rules and regulations of the Republic of the ify/validate the contents stated herein.	he Philippines. I I agree that any	PHOTO		
statement pursuant to the provisions of pertinent laws, authorize the agency head/authorized representative to ver misrepresentation made in this document and its attachm against me.  Government Issued ID (i.e.Passport, GSIS, SSS, PRC, Driver's License, etc.)	rules and regulations of the Republic of the ify/validate the contents stated herein.	he Philippines. I I agree that any	РНОТО		
statement pursuant to the provisions of pertinent laws, authorize the agency head/authorized representative to ver misrepresentation made in this document and its attachm against me.  Government Issued ID (I.a.Passport, GSIS, SSS, PRC, Driver's License, etc.)  PLEASE INDICATE ID Number and Date of Issuance	rules and regulations of the Republic of the ify/validate the contents stated herein.	he Philippines. I I agree that any	РНОТО		
statement pursuant to the provisions of pertinent laws, authorize the agency head/authorized representative to ver misrepresentation made in this document and its attachm against me.  Government Issued ID (i.e.Passport, GSIS, SSS, PRC, Driver's License, etc.)  PLEASE INDICATE ID Number and Date of Issuance	rules and regulations of the Republic of the iffylvalidate the contents stated herein. Hents shall cause the filing of administrative signature (Sign inside the biggs of the	he Philippines. I I agree that any a/criminal case/s	РНОТО		
statement pursuant to the provisions of pertinent laws, authorize the agency head/authorized representative to ver misrepresentation made in this document and its attachm against me.  Government Issued ID (i.e. Passport, GSIS, SSS, PRC, Driver's License, etc.)  PLEASE INDICATE ID Number and Date of Issuance  Government Issued ID: PhilHealth  D/License/Passport No.: 03-051082867-0	rules and regulations of the Republic of the ify/validate the contents stated herein. Hents shall cause the filing of administrative for the interest of the i	he Philippines. I I agree that any a/criminal case/s	PHOTO  Right Thumbmark		
statement pursuant to the provisions of pertinent laws, authorize the agency head/authorized representative to ver misrepresentation made in this document and its attachm against me.  Government Issued ID (i.e.Passport, GSIS, SSS, PRC, Driver's License, etc.)  PLEASE INDICATE ID Number and Date of Issuance  Government Issued ID: PhilHealth  ID/License/Passport No.: 03-051082867-0	rules and regulations of the Republic of the injury of the contents stated herein. The shall cause the filling of administrative signature (Sign inside the bound of the complished of the complex	he Philippines. I I agree that any e/criminal case/s  ox)	Right Thumbmark		
statement pursuant to the provisions of pertinent laws, authorize the agency head/authorized representative to ver misrepresentation made in this document and its attachm against me.  Government Issued ID (i.e.Passport, GSIS, SSS, PRC, Driver's License, etc.)  PLEASE INDICATE ID Number and Date of Issuance  Government Issued ID: PhilHealth  ID/License/Passport No.: 03-051082867-0  Date/Place of Issuance: Baybay City, Leyte	rules and regulations of the Republic of the ify/validate the contents stated herein. The inents shall cause the filling of administrative signature (Sign inside the bound of the contents of the contents shall cause the filling of administrative signature (Sign inside the bound of the contents of the	he Philippines. I I agree that any e/criminal case/s  ox)  agree that any e/criminal case/s  ATTY, EDEN B	Right Thumbmark  overnment B as Indicated above.  CHAVEZ-BUTAWAN		
statement pursuant to the provisions of pertinent laws, authorize the agency head/authorized representative to ver misrepresentation made in this document and its attachm against me.  Government Issued ID (i.e.Passport, GSIS, SSS, PRC, Driver's License, etc.)  PLEASE INDICATE ID Number and Date of Issuance  Government Issued ID: PhilHealth  ID/License/Passport No.: 03-051082867-0  Date/Place of Issuance: Baybay City, Leyte	rules and regulations of the Republic of the ify/validate the contents stated herein. The inents shall cause the filling of administrative signature (Sign inside the bound of the contents of the contents shall cause the filling of administrative signature (Sign inside the bound of the contents of the	he Philippines. I I agree that any e/criminal case/s  make the philippines. I I agree that any e/criminal case/s  make the philippines. I I agree that any e/criminal case/s  make the philippines. I I agree that any e/criminal case/s	Right Thumbmark  overnment ID as indicated above.  . CHAVEZ-BUTAWAN  vince of Leyte, City of Bayba		
authorize the agency head/authorized representative to ver misrepresentation made in this document and its attachm against me.  Government Issued ID (i.e.Passport, GSIS, SSS, PRC, Driver's License, etc.)  PLEASE INDICATE ID Number and Date of Issuance  Government Issued ID: PhilHealth  ID/License/Passport No.: 03-051082867-0  Date/Place of Issuance: Baybay City, Leyte	rules and regulations of the Republic of the ify/validate the contents stated herein. The inents shall cause the filling of administrative signature (Sign inside the bound of the contents of the contents shall cause the filling of administrative signature (Sign inside the bound of the contents of the	ing his/her valid vissues go  ATTY, EDEN B  stary Public for Pro- N.C. No. B-10- Until De	Right Thumbmark  The stricted above.  CHAVEZ-BUTAWAN  Vince of Leyte, City of Bayba  11-04, February 6, 2019  Exember 31, 2020		
statement pursuant to the provisions of pertinent laws, a authorize the agency head/authorized representative to ver misrepresentation made in this document and its attachm against me.  Government Issued ID (I.e.Passport, GSIS, SSS, PRC, Driver's License, etc.)  PLEASE INDICATE ID Number and Date of Issuance  Government Issued ID: PhilHealth  ID/License/Passport No.: 03-051082867-0  Date/Place of Issuance: Baybay City, Leyte	rules and regulations of the Republic of the ify/validate the contents stated herein. The inents shall cause the filling of administrative signature (Sign inside the bound of the contents of the contents shall cause the filling of administrative signature (Sign inside the bound of the contents of the	ing his/her valid vissues go ATTY, EDEN B stary Public for Pro- N.C. No. B-10- Until De (Extended Until 1	Right Thumbmark  The property of the property		

TIN No. 207-628-029 Roll No. 42391 MCLE Compliance No. VI-0011118

## **WORK EXPERIENCE SHEET**

Instructions: 1. Include only the work experiences relevant to the position being applied for.

- The duration should include start and finish dates, if known, month in abbreviated form, if known, and year in full. For the current position, use the word Present, e.g., 1998-Present. Work experience should be listed starting with the most recent/present employment
- Duration: June 2021 September 27, 2021
- Position: Branch Accountant
- Name of Office/Unit: Community Economic Ventures Inc.
- Name of Agency/Organization and Location: Community Economic Ventures Inc., Baybay City, Leyte
  - Summary of Actual Duties
    - Provides financial information to management by researching and analyzing accounting data; preparing reports. Prepares asset, liability, and capital account entries by compiling and analyzing account information. Documents financial transactions by entering account information and performs other related functions.
- Duration: January 2018 May 2019
- Position: Branch Accountant
- Name of Office/Unit: Lamac Multi-Purpose Cooperative
- Name of Agency/Organization and Location: Lamac Multi-Purpose Cooperative, Baybay City, Leyte
  - **Summary of Actual Duties** 
    - Provides financial information to management by researching and analyzing accounting data; preparing reports. Prepares asset, liability, and capital account entries by compiling and analyzing account information. Documents financial transactions by entering account information and performs other related functions.
- Duration: March 2016 April 2017
- Position: Administrative Aide
- Name of Office/Unit: Supply
- Name of Agency/Organization and Location: Agricultural Training Institute-Regional Training Center 8, Visca, Baybay City, Leyte
  - Summary of Actual Duties
    - Assist in keeping track of the finances of the agency in relation to incoming and outgoing supplies. This involves preparation of purchase orders; coordinating the process of purchasing and distribution; and comparing purchase orders with invoices to ensure accuracy and performs other related functions.
- Duration: August 2013 April 2017
- Position: Frontline Crew
- Name of Office/Unit: Chowking
- Name of Agency/Organization and Location: Chowking SM North Edsa, Metro Manila
  - **Summary of Actual Duties** 
    - Responsible for food preparation, customer service, and maintaining cleanliness and performs other related functions.

SHEEN À M. MEJOR (Signature over Printed Name of Employee/Applicant)

Date: 09/30/2021