

# PERSONAL DATA SHEET

**WARNING:** Any misinterpretation made in the Personal Data Sheet and the Work Experience Sheet shall cause the filing of administrative/criminal case/s against the person concerned.

TEACHERS EXAM

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	COQUILLA		
FIRST NAME	SHARA BELLE		NAME EXTENSION (JR., SR)
MIDDLE NAME	TANQUEZON		
3. DATE OF BIRTH (mm/dd/yyyy)	07/10/2001	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	ANAHAWAN DISTRICT HOSPITAL	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	PUROK 1 House/Block/Lot No. Street AYAHAG Subdivision/Village Barangay SAINT BERNARD, SOUTHERN LEYTE City/Municipality Province ZIP CODE 6616
7. HEIGHT (m)	1.54	18. PERMANENT ADDRESS	PUROK 1 House/Block/Lot No. Street AYAHAG Subdivision/Village Barangay SAINT BERNARD, SOUTHERN LEYTE City/Municipality Province ZIP CODE 6616
8. WEIGHT (kg)	45	19. TELEPHONE NO.	
9. BLOOD TYPE		20. MOBILE NO.	09987246455
10. GSIS ID NO.		21. E-MAIL ADDRESS (if any)	sharabellecoquilla@gmail.com
11. PAG-IBIG ID NO.			
12. PHILHEALTH NO.	13-253344421-4		
13. SSS NO.			
14. TIN NO.	632-306-452-00000		
15. AGENCY EMPLOYEE NO.			

## 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	NAME EXTENSION (JR., SR)		
MIDDLE NAME			
OCCUPATION			
EMPLOYER/BUSINESS NAME			
BUSINESS ADDRESS			
TELEPHONE NO.			
24. FATHER'S SURNAME	COQUILLA		
FIRST NAME	BERLITO		
MIDDLE NAME	TABON		
25. MOTHER'S MAIDEN NAME			
SURNAME	TANQUEZON		
FIRST NAME	TERESITA		
MIDDLE NAME	PAGUDON		

(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	AYAHAG ELEMENTARY SCHOOL		06/05/2008	03/18/2013		2013	Valedictorian
SECONDARY	THE CRISTO REY REGIONAL HIGH SCHOOL, INC.		06/14/2013	03/25/2017		2017	With High Honors
	SOUTHERN LEYTE STATE UNIVERSITY-CBM	HUMANITIES AND SOCIAL SCIENCES	08/02/2017	05/29/2019		2019	With Highest Honors
VOCATIONAL / TRADE COURSE							
COLLEGE	VISAYAS STATE UNIVERSITY	BACHELOR OF SECONDARY EDUCATION	07/16/2019	08/03/2023		2023	Magna Cum Laude
GRADUATE STUDIES							

(Continue on separate sheet if necessary)

SIGNATURE	DATE	MAY 28, 2024	CS FORM 212 (Revised 2017), Page 1 of 4
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[illegible]

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

[illegible]

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## VI. VOLUNTARY WORK OR INVOLVEMENT IN CIVIC / NON-GOVERNMENT / PEOPLE / VOLUNTARY ORGANIZATION/S

[illegible]

(Continue on separate sheet if necessary)

VII. LEARNING AND DEVELOPMENT (L&D) INTERVENTIONS/TRAINING PROGRAMS ATTENDED	
1. Name of the Program	
2. Description of the Program	
3. Date Attended	
4. Location	
5. Duration	
6. Facilitator	
7. Topics Covered	
8. Key Takeaways	
9. Application to Current Role	
10. Additional Comments	

(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)


[illegible]

(Continue on separate sheet if necessary)

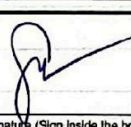
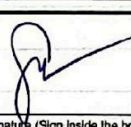
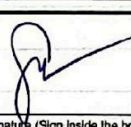

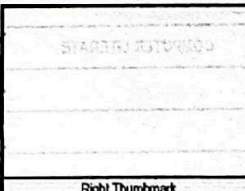

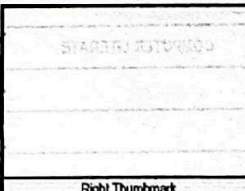

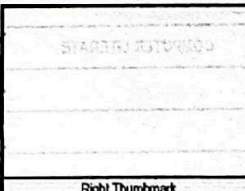
## VIII. OTHER INFORMATION

31. SPECIAL SKILLS and HOBBIES	32. NON-ACADEMIC DISTINCTIONS / RECOGNITION (Write in full)	33. MEMBERSHIP IN ASSOCIATION/ORGANIZATION (Write in full)
COMPUTER LITERATE		TERRESTRIAL AND AQUATIC RESTORATIONS BY STUDENTS IMMERSED IN ENVIRONMENTAL REFORMS (TARSIER)
		VISAYAS STATE UNIVERSITY ALUMNI ASSOCIATION, INC.
		CARL BALITA REVIEW CENTER ALUMNI

(Continue on separate sheet if necessary)

SIGNATURE		DATE	MAY 28, 2024	CS FORM 212 (Revised 2017), Page 3 of 4
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<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 6371); (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> <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;"> <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>SALVADORE M. CATRE JR.</td> <td>VISCA, BAYBAY CITY, LEYTE</td> <td>09761248474</td> </tr> <tr> <td>AZENITH M. FLORIDA</td> <td>TAMBIAS II, SAINT BERNARD, SOUTHERN LEYTE</td> <td>09934126102</td> </tr> <tr> <td>ROCHEL F. GRAVA</td> <td>NUEVA ESPERANZA, SAINT BERNARD, SOUTHERN LEYTE</td> <td>09566239571</td> </tr> </tbody> </table>		NAME	ADDRESS	TEL. NO.	SALVADORE M. CATRE JR.	VISCA, BAYBAY CITY, LEYTE	09761248474	AZENITH M. FLORIDA	TAMBIAS II, SAINT BERNARD, SOUTHERN LEYTE	09934126102	ROCHEL F. GRAVA	NUEVA ESPERANZA, SAINT BERNARD, SOUTHERN LEYTE	09566239571
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<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>Government Issued ID (i.e. Passport, GSIS, SSS, PRC, Driver's License, etc.)</td> </tr> <tr> <td>PLEASE INDICATE ID Number and Date of Issuance</td> </tr> <tr> <td>Government Issued ID:</td> </tr> <tr> <td>ID/License/Passport No: 3 JRAQ</td> </tr> <tr> <td>Date/Place of Issuance:</td> </tr> </table>	Government Issued ID (i.e. Passport, GSIS, SSS, PRC, Driver's License, etc.)	PLEASE INDICATE ID Number and Date of Issuance	Government Issued ID:	ID/License/Passport No: 3 JRAQ	Date/Place of Issuance:	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="text-align: center;">             Signature (Sign inside the box)            04/28/2024            Date Accomplished         </td> </tr> </table>	 Signature (Sign inside the box) 04/28/2024 Date Accomplished						
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BOOK NO. 001

SERIES OF 2024

MAY 28 2024

**ATTY. TEOPISTO C. ROJAS, JR.**  
**NOTARY PUBLIC**  
 Commission Expires Dec. 31, 2025  
 Roll No. 23829

PTR No. 9865555/IBP No. 128339  
 JANUARY 23, 2024, MAASIN CITY  
 TIN: 128-570-970-000  
 MCLE COMPLIANCE NO. VII-0020216  
 (VALID UNTIL APRIL 14/2025)