

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 ( ) 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	ROSELLO		
FIRST NAME	MIKKO ZILLAH	NAME EXTENSION (JR., SR)	
MIDDLE NAME	DELA CORTA		
3. DATE OF BIRTH (mm/dd/yyyy)	4/4/1993	16. CITIZENSHIP	<input checked="" type="checkbox"/> Filipino <input type="checkbox"/> Dual Citizenship
4. PLACE OF BIRTH	ORMOC CITY	If holder of dual citizenship, please indicate the details.	<input type="checkbox"/> by birth <input type="checkbox"/> by naturalization
5. SEX	<input type="checkbox"/> Male <input checked="" type="checkbox"/> Female		Pls. indicate country:
6 CIVIL STATUS	<input type="checkbox"/> Single <input checked="" type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Other/s:	17. RESIDENTIAL ADDRESS	TANDANG SORA ST. EXTENTION
7. HEIGHT (m)	1.55M	ZIP CODE	House/Block/Lot No. Street
8. WEIGHT (kg)	66.6 KG		POBLACION ZONE 1. BRGY. GALENZOGA
9. BLOOD TYPE	A		Subdivision/Village Barangay
10. GSIS ID NO.	NONE		BAYBAY CITY LEYTE
11. PAG-IBIG ID NO.	1211-2417-6408	City/Municipality Province	6521
12. PHILHEALTH NO.	03-051200349-0	18. PERMANENT ADDRESS	House/Block/Lot No. Street
13. SSS NO.	06-3554032-0	ZIP CODE	CURVA
14. TIN NO.	475-765-421		Subdivision/Village Barangay
15. AGENCY EMPLOYEE NO.	NONE		ORMOC LEYTE
			City/Municipality Province
		19. TELEPHONE NO.	NONE
		20. MOBILE NO.	09171795883/09950827269
		21. E-MAIL ADDRESS (if any)	delacortamikkozillah@gmail.com

II. FAMILY BACKGROUND

22. SPOUSE'S SURNAME	ROSELLO		23. NAME of CHILDREN (Write full name and list all)	DATE OF BIRTH (mm/dd/yyyy)
FIRST NAME	JETHRO ANTHONY	NAME EXTENSION (JR., SR)	JETH ANDRO DELA CORTA ROSELLO	4/19/2016
MIDDLE NAME	SOMBRIO			
OCCUPATION	PUBLIC TEACHER			
EMPLOYER/BUSINESS NAME	BAYBAY CITY DIVISION			
BUSINESS ADDRESS	BAYBAY CITY LEYTE			
TELEPHONE NO.	053- 335 3705			
24. FATHER'S SURNAME	UNKNOWN			
FIRST NAME		NAME EXTENSION (JR., SR)		
MIDDLE NAME				
25. MOTHER'S MAIDEN NAME	DELA CORTA			
SURNAME	DELA CORTA			
FIRST NAME	MARIA EMMA			
MIDDLE NAME	SOLIJON		(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	CURVA ELEMENTARY SCHOOL	ELEMENTARY GRADUATE	6/6/1999	03/31/2005	GRADUATED	2005	NONE
SECONDARY	NEW ORMOC CITY NATIONAL HIGH SCHOOL	HIGH SCHOOL GRADUATE	5/6/2005	03/31/2009	GRADUATED	2009	NONE
VOCATIONAL / TRADE COURSE	N/A						
COLLEGE	MANDAUE CITY COLLEGE	BACHELOR OF ARTS IN ENGLISH	06/21/2014	04/18/2018	GRADUATED	2018	NONE
GRADUATE STUDIES	N/A						

SIGNATURE		DATE	
		January 20, 2021	

#### IV. CIVIL SERVICE ELIGIBILITY

[illegible]

(Continue on separate sheet if necessary)


## V. WORK EXPERIENCE




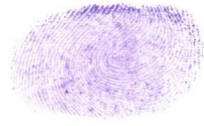
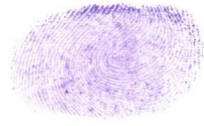
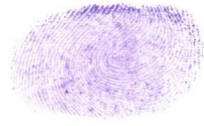
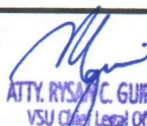
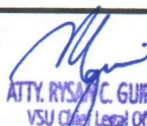
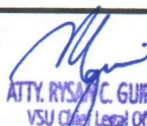
*(Include private employment. Start from your recent work) Description of duties should be indicated in the attached Work Experience sheet.*

[illegible]

(Continue on separate sheet if necessary)

SIGNATURE	<i>[Signature]</i>	DATE	January 20, 2021
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VI. VOLUNTARY WORK OR INVOLVEMENT IN CIVIC / NON-GOVERNMENT / PEOPLE / VOLUNTARY ORGANIZATION/S						
29.	NAME & ADDRESS OF ORGANIZATION (Write in full)	INCLUSIVE DATES (mm/dd/yyyy)		NUMBER OF HOURS	POSITION / NATURE OF WORK	
		From	To			
	Philippine National Red Cross - Ormoc City	08/21/2008	4/4/2009		Red Cross Youth Volunteer	
	Pag-asa Youth Association of the Philippines - Ormoc City	7/6/2009	7/6/2010		Volunteer	
	Civic Welfare Training Service	9/6/2010	03/31/2011		Trainee	
(Continue on separate sheet if necessary)						
VII. LEARNING AND DEVELOPMENT (L&D) INTERVENTIONS/TRAINING PROGRAMS ATTENDED						
(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)						
30.	TITLE OF LEARNING AND DEVELOPMENT INTERVENTIONS/TRAINING PROGRAMS (Write in full)	INCLUSIVE DATES OF ATTENDANCE (mm/dd/yyyy)		NUMBER OF HOURS	Type of LD ( Managerial/ Supervisory/ Technical/etc)	CONDUCTED/ SPONSORED BY (Write in full)
		From	To			
	Training in Information and Communication Technology	11/23/2009	05/28/2010	740.0		Department of Social Welfare and Development And Engineers w/ Borders in Canada
	Citizen Voice and Action Skills Development Training	08/21/2014	08/24/2014	24.0		World Vision-Typhoon Haiyan Response
	DRR RA 10121 Thematic Area Assessment and Action Planning	11/14/2014	11/15/2014	16.0		World Vision-Typhoon Haiyan Response
	English for Kids Training	10/1/2018	01/13/2018	24.0		Acadsoc Limited
	Exam Preparation Training	10/16/2018	10/18/2018	24.0		Acadsoc Limited
(Continue on separate sheet if necessary)						
VIII. OTHER INFORMATION						
31.	SPECIAL SKILLS and HOBBIES	32.	NON ACADEMEIC DISTINCTIONS/RECOGNITION ( Write in full)	33.	MEMBERSHIP IN ASSOCIATION/ORGANIZATION (Write in full)	
	Basic Computer and Microsoft Operation		None		None	
	Reading		None		Young Readers Club- Ormoc	
	Cooking		None		None	
	Content writing		None		None	
(Continue on separate sheet if necessary)						
SIGNATURE				DATE	January 20, 2021	

34. Are you related by consanguinity or affinity to the appointing or recommending authority, or to chief of bureau or office or to the person who has immediate supervision over you in the Bureau or Department where you will be appointed, a. within the third degree? b. within the fourth degree (for Local Government Unit - Career Employees)?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If YES, give details: _____												
35. a. Have you ever been found guilty of any administrative offense?  b. Have you been criminally charged before any court?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If YES, give details: _____  <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If YES, give details: _____ Date Filed: _____ Status of Case/s: _____												
36. Have you ever been convicted of any crime or violation of any law, decree, ordinance or regulation by any court or tribunal?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If YES, give details: _____												
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?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If YES, give details: _____												
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?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If YES, give details: _____  <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If YES, give details: _____												
39. Have you acquired the status of an immigrant or permanent resident of another country?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If YES, give details (country): _____												
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 a. Are you a member of any indigenous group? b. Are you a person with disability? c. Are you a solo parent?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If YES, please specify: _____ <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If YES, please specify ID No: _____ <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If YES, please specify ID No: _____												
41. REFERENCES (Person not related by consanguinity or affinity to applicant /appointee)													
<table><thead><tr><th>NAME</th><th>ADDRESS</th><th>TEL. NO.</th></tr></thead><tbody><tr><td>Jeffrey Lopez</td><td>Baybay City, Leyte</td><td>9171048727</td></tr><tr><td>Joan C. Rapada</td><td>Baybay City, Leyte</td><td>9171455951</td></tr><tr><td>Jasher Anthony S. Rosello</td><td>Baybay City, Leyte</td><td>9754215605</td></tr></tbody></table>		NAME	ADDRESS	TEL. NO.	Jeffrey Lopez	Baybay City, Leyte	9171048727	Joan C. Rapada	Baybay City, Leyte	9171455951	Jasher Anthony S. Rosello	Baybay City, Leyte	9754215605
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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.													
<table><tr><td>Government Issued ID (i.e. Passport, GSIS, SSS, PRC, Driver's License, etc.) PLEASE INDICATE ID Number and Date of Issuance</td></tr><tr><td>Government Issued ID: Philhealth ID</td></tr><tr><td>ID/License/Passport No.: 03-051200349-0</td></tr><tr><td>Date/Place of Issuance: Baybay City</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: Philhealth ID	ID/License/Passport No.: 03-051200349-0	Date/Place of Issuance: Baybay City	<table><tr><td></td></tr><tr><td>Signature (Sign inside the box)</td></tr><tr><td>01/20/2021</td></tr><tr><td>Date Accomplished</td></tr></table>		Signature (Sign inside the box)	01/20/2021	Date Accomplished				
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SUBSCRIBED AND SWORN to before me this 16 FEB 2021, affiant exhibiting his/her validly issued government ID as indicated above.													
<table><tr><td></td></tr><tr><td>ATTY. RYSA C. GUINOCOR VSU Chief Legal Officer</td></tr><tr><td>Person Administering Oath</td></tr></table>			ATTY. RYSA C. GUINOCOR VSU Chief Legal Officer	Person Administering Oath									
													
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## WORK EXPERIENCE SHEET

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

2. 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 from most recent first.

- Duration: July 8,2019 – September 30,2020
- Position: Part Time English Tutor
- Name of Office/Unit: ESL Teaching
- Immediate Supervisor: Leo Jhon Yoro
- Name of Agency/Organization and Location: Learn and Talk.
- List of Accomplishments and Contributions (if any)
  - Teach Students who takes examination such us IELTS ,TOEIC and TOEFL
  - Conducts Group Classes
- Summary of Actual Duties

Responsible for conducting thirty minutes one on one / group classes English with Korean Students. Gives lesson based on what is in the students lesson material and gives feedback base on students' performance.

- Duration: November 2,2017- June 9,2019
- Position: Full Time English Tutor
- Name of Office/Unit: ESL Teaching
- Immediate Supervisor: Solar Chen
- Name of Agency/Organization and Location: Acadsoc Ltd.
- List of Accomplishments and Contributions (if any)
  - Teach Students who takes examination such us IELTS ,TOEIC and TOEFL
  - Conducts Group Classes

- Summary of Actual Duties

Responsible for conducting twenty-five minutes one on one / group classes English with Chinese Students. Gives lesson based on what is in the students lesson material and gives feedback base on students' performance.

- Duration: June 16.2015- December 1, 2015
- Position: Customer Service Representative
- Name of Office/Unit: Customer Service (Sprint Account)
- Immediate Supervisor: Johanny Pastoril
- Name of Agency/Organization and Location: Convergys, Banawa Cebu City

- List of Accomplishments and Contributions (if any)

- Summary of Actual Duties

Provide information regarding wireless communication services by a U.S based company. Handle queries about billing and payment of these services. Troubleshoot and assist customers concern regarding their issues about the service.

- Duration: March 21,2014- March 31,2015
- Position: Citizen Voice and Action Facilitator
- Name of Office/Unit: Advocacy Department ( Haiyan Response)
- Immediate Supervisor: Jon Calinao Sumcad
- Name of Agency/Organization and Location: World Vision (Haiyan Response) West Leyte Zone , Ormoc City

- List of Accomplishments and Contributions (if any)

- Initiate community organizing
- Carry out a full training with minimal supervision
- Strategically position views and objectives of the organization at the local level
- Basic Knowledge on DRR, specifically RA 10121
- Able to come up with progress reports on a regular basis
- Transfer knowledge and skills to community
- Coordinate with the Local Government Unit

- Summary of Actual Duties

Create a CVA (Citizen Voice and Action) Core Team. This core Team will dialogue with the Local Government Unit to improve the service of Disaster Risk Reduction abiding what is in the law, RA10121.

**Attachment to CS Form No. 212**

  
MIKKO ZILAH D. ROSELLO

(Signature over Printed Name of Employee/Applicant)

Date: January 21, 2021