

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.

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	MENDOZA		
FIRST NAME	EDILBERTO		NAME EXTENSION (JR., SR)
MIDDLE NAME	VILLAS		
3. DATE OF BIRTH (mm/dd/yyyy)	02/23/1977	16. CITIZENSHIP	<input checked="" type="checkbox"/> Filipino <input type="checkbox"/> Dual Citizenship <input checked="" type="checkbox"/> by birth <input type="checkbox"/> by naturalization Pls. indicate country:
4. PLACE OF BIRTH	PALO, LEYTE	If holder of dual citizenship, please indicate the details.	Philippines
5. SEX	<input checked="" type="checkbox"/> Male <input type="checkbox"/> Female	17. RESIDENTIAL ADDRESS	House/Block/Lot No. Street 20NE23
6. CIVIL STATUS	<input type="checkbox"/> Single <input checked="" type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Separated <input type="checkbox"/> Other/s:	Subdivision/Village Barangay	City/Municipality BAY BAY Province LEYTE
7. HEIGHT (m)	1.73 m	ZIP CODE	6021
8. WEIGHT (kg)	75 kg	18. PERMANENT ADDRESS	House/Block/Lot No. Street 20NE 23
9. BLOOD TYPE	O	Subdivision/Village Barangay	City/Municipality BAY BAY Province LEYTE
10. GSIS ID NO.	006-0017-6563-6	ZIP CODE	6021
11. PAG-IBIG ID NO.	1700-0029-2103	19. TELEPHONE NO.	NAVE
12. PHILHEALTH NO.	13-000064173-2	20. MOBILE NO.	092 486 22338
13. SSS NO.	06-1459409-6	21. E-MAIL ADDRESS (if any)	
14. TIN NO.	937-637-384		
15. AGENCY EMPLOYEE NO.	Y000337		

II. FAMILY BACKGROUND


22. SPOUSE'S SURNAME	MENDOZA	23. NAME OF CHILDREN (Write full name and list all)	DATE OF BIRTH (mm/dd/yyyy)
FIRST NAME	MARINA	ROBERTO G. MENDOZA JR.	08/20/2000
MIDDLE NAME	GULAYAN	WARREN MENDOZA	10/01/2003
OCCUPATION	PROCESS SERVER	ANGEL MARIE MENDOZA	10/19/2005
EMPLOYER/BUSINESS NAME	MUNICIPAL TRIAL COURT IN CITIES		
BUSINESS ADDRESS	BAY BAY CITY, LEYTE		
TELEPHONE NO.	525-0127		
24. FATHER'S SURNAME	MENDOZA		
FIRST NAME	PEDRO	NAME EXTENSION (JR., SR)	
MIDDLE NAME	VERONA		
25. MOTHER'S MAIDEN NAME	VILLAS		
SURNAME	MENDOZA		
FIRST NAME	VERONICA		
MIDDLE NAME	CESAR		

(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	NAGA NAGA ELEM. SCHOOL PALO, LEYTE	primary	1985	1991	NA	1991	NONE
SECONDARY	DAN JOARVIN NAT'L HIGH SCHOOL	Secondary	1991	1994	NA	1994	NONE
VOCATIONAL / TRADE COURSE	NA	NA	N/A	N/A	NA	NA	NA
COLLEGE	PALO HODAN INST. OF TECHNOLOGY	BACHELOR OF SCIENCE MARINE TRANSPORTATION	1997	2003	NA	2003	NONE
GRADUATE STUDIES	N/A		N/A	N/A	NA	N/A	

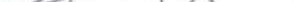
(Continue on separate sheet if necessary)

SIGNATURE		DATE	10/08/2018	CS FORM 212 (Revised 2017), Page 1 of 4
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27.	CAREER SERVICE/ RA 1080 (BOARD/ BAR) UNDER SPECIAL LAWS/ CES/ CSEE BARANGAY ELIGIBILITY / DRIVER'S LICENSE	RATING (If Applicable)	DATE OF EXAMINATION / CONFERMENT	PLACE OF EXAMINATION / CONFERMENT	LICENSE (if applicable)	
					NUMBER	Date of Validity
	PO1 ENTRANCE (NAPOLCOM)	72.68%	APRIL 25, 2014	TACLOBAN CITY		
	DRIVER'S LICENSE					

V. WORK EXPERIENCE

[illegible]

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VI. VOLUNTARY WORK OR INVOLVEMENT IN CIVIC / GOVERNMENT / PEOPLE / VOLUNTARY ORGANIZATION

[illegible]

(Continue on separate sheet if necessary)

VII. LEARNING AND DEVELOPMENT (L&D) INTERVENTIONS/TRAINING PROGRAMS ATTENDED

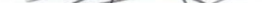
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(Continue on separate sheet if necessary)

VIII. OTHER INFORMATION

31. SPECIAL SKILLS and HOBBIES	32. NON-ACADEMIC DISTINCTIONS / RECOGNITION (Write in full)	33. MEMBERSHIP IN ASSOCIATION/ORGANIZATION (Write in full)
DRIVING	NONE	(Ad-PA) member
PLAYING BASKETBALL		ADMINISTRATIVE
		PERSONNEL ASSO

(Continue on separate sheet if necessary)

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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)?

☐ YES☒ NO

☐ YES☐ 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?

☐ YES☒ NO

If YES, give details:

☐ YES☒ 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?

☐ YES☒ 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?

☐ YES☒ 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?

☐ YES☒ NO

If YES, give details: _____

☐ YES☒ NO

If YES, give details: _____

39. Have you acquired the status of an immigrant or permanent resident of another country?

☐ YES☒ 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 items:
a. Are you a member of any indigenous group?
b. Are you a person with disability?
c. Are you a solo parent?

☐ YES☒ NO

If YES, please specify: _____

☐ YES☒ NO

If YES, please specify ID No: _____

☐ YES☒ NO

If YES, please specify ID No: _____

41. REFERENCES (Person not related by consanguinity or affinity to applicant /appointee)

NAME	ADDRESS	TEL. NO.
HON. ROBALDO V. VIVERO	ASST. PROV. CL. PRO. OFFICER	335-2337
HON. MA. CLEOPHE MELITANTE	M.T. C. OFFICE BAY	335-2409
ATTY. GLORIOSA GUINODOR	BAY BAY CITY	

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.

Government Issued ID (i.e. Passport, GSIS, SSS, PRC, Driver's License, etc.)
PLEASE INDICATE ID Number and Date of Issuance

Government Issued ID: DRIVER'S LICENSE

ID/License/Passport No.: H12-07-000003

Date/Place of Issuance: FEB. 5, 2010 / BAY BAY CITY

Signature (Sign inside the box)

OCT 8, 2018

Date Accomplished

SUBSCRIBED AND SWORN to before me this OCT 08 2018 affiant exhibiting his/her validly issued government ID as indicated above.

MICHELLE MARIE P. POLO-TEROREN

PROSECUTOR III

OAPP, BAY BAY CITY

Person Administering Oath

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