

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	CAINTIC		
FIRST NAME	LENITA	NAME EXTENSION (JR., SR) N/A	
MIDDLE NAME	LAPASANDA		
3. DATE OF BIRTH (mm/dd/yyyy)	11-21-1963	16. CITIZENSHIP	<input 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	BAYBAY 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 type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Separated Other/s: Abandoned since 2005	17. RESIDENTIAL ADDRESS	443 House/Block/Lot No. Street Subdivision/Village Sta. Cruz Baybay City Leyte City/Municipality Province
7. HEIGHT (m)	5' 1"	ZIP CODE	
8. WEIGHT (kg)	62 Kgs	18. PERMANENT ADDRESS	443 House/Block/Lot No. Street Subdivision/Village Sta. Cruz Baybay City Leyte City/Municipality Province
9. BLOOD TYPE	B+	ZIP CODE	6521
10. GSIS ID NO.		19. TELEPHONE NO.	NA
11. PAG-IBIG ID NO.	1211-2568-1068	20. MOBILE NO.	09265453442
12. PHILHEALTH NO.		21. E-MAIL ADDRESS (if any)	lapasanda.lenita@gmail.com
13. SSS NO.	NA		
14. TIN NO.	922-434-128		
15. AGENCY EMPLOYEE NO.	V-00-584		

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	NA		Gayle L. Caintic	11-18-1990
MIDDLE NAME			Grace L. Caintic	3-12-1994
OCCUPATION			Glyzer L. Caintic	10-10-1996
EMPLOYER/BUSINESS NAME			Glenn Paulo L. Caintic	4-1-1999
BUSINESS ADDRESS			Gian Adel L. Caintic	8-12-2004
TELEPHONE NO.				
24. FATHER'S SURNAME	LAPASANDA			
FIRST NAME	DIOSCORD SR. (DECEASED)			
MIDDLE NAME	MATONDO			
25. MOTHER'S MAIDEN NAME				
SURNAME	VARRON			
FIRST NAME	MERCEDES			
MIDDLE NAME	GALONIA			

(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	Sta. Cruz Elem. School	Primary Education	1970	1976	Graduated	1976	N/A
SECONDARY	Baybay High School	Secondary Education	1976	1980	Graduated	1980	N/A
VOCATIONAL / TRADE COURSE	Visayas State College of Agriculture	SEWING	5-1998	5-1998	Graduated	1998	N/A
COLLEGE	Visayas State College of Agriculture	Development Communication	6-85	6-188	3rd yr college		N/A
GRADUATE STUDIES					105 units		

(Continue on separate sheet if necessary)

SIGNATURE	LCaintic	DATE	12-7-2022
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[illegible]

V. WORK EXPERIENCE

[illegible]

SIGNATURE	<i>L. Cantic</i>	DATE	12-7-2022
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[illegible]

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

[illegible]

VIII. OTHER INFORMATION

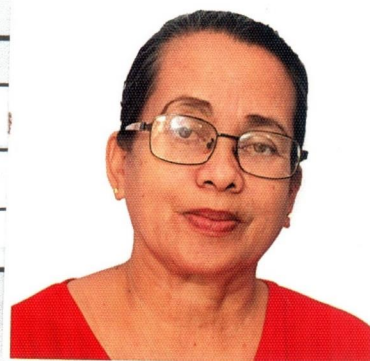
(Continue on separate sheet if necessary)			
SIGNATURE	<i>JSC ant/c</i>	DATE	12-7-2022

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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)?	<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 items: 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 checked="" type="checkbox"/> YES <input type="checkbox"/> NO If YES, please specify ID No: _____

41. REFERENCES (Person not related by consanguinity or affinity to applicant /appointee)		
NAME	ADDRESS	TEL. NO.
Arrah Mae C. Godoy	Hibunawan Baybay, Leyte	565-0060
Rigal Tansio	Guadalupe Baybay, Leyte	565-0060
Alicia M. Flores	Guadalupe Baybay, Leyte	565-0060

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.



PHOTO



Right Thumbmark

Government Issued ID (i.e. Passport, GSIS, SSS, PRC, Driver's License, etc.) PLEASE INDICATE ID Number and Date of Issuance	 Signature (Sign inside the box) Date Accomplished	
Government Issued ID: UMID		
ID/License/Passport No.: 006-0096-1162-3		
Date/Place of Issuance: 2-2009 Cebu City		

SUBSCRIBED AND SWORN to before me this 25 JAN 2023, affiant exhibiting his/her validly issued government ID as indicated above.

 ATTY. RYSSEL C. GUINOCOR VSOULT Legal Office
Person Administering Oath