	educate contrate. Only in the contrate of the	e de la companya del companya de la companya del companya de la co		and the second of the second o
CS Form No. 212	PERSO	NAL DAT	A SHEET ASSURED AND SANDER	
WARNING: Any misrepresentati	ion made in the Personal Data Sheet and the	Work Experience Sheet shall o	cause the filing of administrative/criminal case/s ag	ainst the person concerned.
	TO FILLING OUT THE PERSONAL DATA SHE			0.11
	() a use separate sheet if necessary. Indicate I	N/A if not applicable. DO NOT ABE	BREVIATE. 1, CS ID No.	(Do not fill up. For CSC use only)
I. PERSONAL INFORMATION	N 			
2. SURNAME	CAINTIC		Luvie extension	IVID CDV and A
FIRST NAME	LENITA		NAME EXTENSION	I(JR., SR) N/A
MIDDLE NAME	LAPASANDA			
3. DATE OF BIRTH (mm/dd/yyyy)	11-21-1963	16. CITIZENSHIP	☐ Filipino ☐ Dual Citizens ☐ by birth	hip
4. PLACE OF BIRTH	BAYBAY LEYTE	If holder of dual citizer	nship, Pls. indica	te country:
5. SEX	☐ Male ☐ Female	please indicate the de	etails.	The residual section of the section
6 CIVIL STATUS	Single Married Widowed Separated Other/s: Alcandoned Siv	17. RESIDENTIAL ADDRESS	House/Block/Lot No.	Street Sta: Cruz
7. HEIGHT (m)	51111	in the Shift of Mark	Subdivision/Village Baybay City City/Municipality	Barangay S
8. WEIGHT (kg)	62 Kg5	ZIP CODE	Parid MINON Acco	- 01 Inst-16-
9. BLOOD TYPE	Bt	18. PERMANENT ADDRESS	House/Block/Lot No.	
10. GSIS ID NO.	0			Sta, Cruz
11. PAG-IBIG ID NO.	1211-2568-1069	3	Subdivision/Village Poaybay City City/Municipality	Barangay Province
12. PHILHEALTH NO.	7011	ZIP CODE	6521	
13. SSS NO.	NA	19. TELEPHONE NO.	NA	
14. TIN NO.	922 - 434 - 128	20. MOBILE NO.	09265453442	
15. AGENCY EMPLOYEE NO.	V-00 - 584	21. E-MAIL ADDRESS (if any)	lapasanda lenita a	anail con
II. FAMILY BACKGROUND			Tayle Seeds of Carrier	9
22. SPOUSE'S SURNAME			23. NAME of CHILDREN (Write full name and list all)	DATE OF BIRTH (mm/dd/yyyy)
FIRST NAME	h) /	NAME EXTENSION (JR., SR)	Gayle L. Caintic	11-18-1990
MIDDLE NAME	NA A		Grace L. Carfic	3-12-1994
OCCUPATION			Glyna L. Caintic	10-10-1996
EMPLOYER/BUSINESS NAME			Glenn Pourlo L. Cain	
BUSINESS ADDRESS			Gian Adel L. Caint	
TELEPHONE NO.			Older Aprel 2. Sellin	
24. FATHER'S SURNAME	LAPASANDA			
FIRST NAME	DIOSCORD SR. COMPENSION			
MIDDLE NAME	MATONDO			
25. MOTHER'S MAIDEN NAME				
SURNAME	VARRON	and the second s		
FIRST NAME	MERCEDES			
MIDDLE NAME	GALONIA		(Continue on separate sheet if	necessary)
III. EDUCATIONAL BACK	GROUND			

26. LEVEL	NAME OF SCHOOL (Write in full)	BASIC EDUCATION/DEGREE/COURSE (Write in full)	PERIOD OF ATTENDANCE		UNITS EARNED	YEAR GRADUATED	ACADEMIC HONORS
	(1110 11 101)		From	То	(if not graduated)		RECEIVED
ELEMENTARY	Sta. Crun Elem. School	Primary tobecook on	1970	1976	Granates	1976	MA
SECONDARY	Bankar, High School	Secondary Education	1976	1980	Gradiates	1980	NA
VOCATIONAL / TRADE COURSE	Visaylas State Colle	10	CINNA	0	s Cradual	1998	NA
COLLEGE	Visayas State College				-189 Stay	-	NA
GRADUATE STUDIES	0 0				105 un	its	
	(C	ontinue on separate sheet if necessary)					a title mile to
SIGNATURE	0	la bi	DA	TE	12.	-7-	2025

V. CIVIL SER 7. CAREER		1080 (BOARD/ BAR) UNDER		DATE OF				LICENSE (if a	applicable)
	SPECIAL LA	NWS/ CES/ CSEE LITY / DRIVER'S LICENSE	RATING (If Applicable)	EXAMINATION / CONFERMENT			NUMBER	Date of Validity	
		eje s essplecjim i policis	WO THE POSTONIA	EFORE ACCOMPLIS	WA		on made in the 10 FIII NO OU	y a listépresente TACHED CUIDE	a serie
neur d'a	NA		ETAD	cable DO NOT ABBRI	A STATE OF THE STA	THE TOTAL MAY	5.135 6711 7 1 10.150 MSM 7 1	ssori siangalugi Laga	T VIII A
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- ST		The state of the s				TIV	34		100 CM
	10 TO 10	aterior and Fig. 1994			AQ VI		(-1)	PORROTTE TO THE STATE OF	8 4 7
1230637					1063	- 15	-11		
WORK EX		inorcation and	(Con	tinue on separate sheet	f necessary)	K 23	CAG -		
clude private	e employme	nt. Start from your recer	nt work) Description	of duties should be	indicated in the attached	Work Expe	The second second second second		
	IVE DATES dd/yyyy)	POSITION (Write in full/Do no			NCY / OFFICE / COMPANY Do not abbreviate)	MONTHLY SALARY	GRADE (if applicable)& STEP (Format "00-0")/	STATUS OF APPOINTMENT	GOV'T SERVIC
From	То	V+121	ARIVAU)			, , , , , ,	INCREMENT		(Y/N)
21-2001	19-	1-2022 ADM	IN BIDE]	VISAVAS	STATE UNI	V. S. S. S.	401		Yes
FUZ) ,530	And the second s							M (8.29)
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			1800	300,080.					1,33-11
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05/4038	A) FIST		ACOL WA						
ACAL		Not selected	THE RESERVE OF THE PERSON NAMED IN COLUMN 2 IS NOT THE OWNER.	ntinue on separate sheet				and realization of	HILL
SIGNATURE SECANTIC			DATE	1014	2 - 7.	- 2023	2		

VI. VOLUNTARY WORK OR INVOLVEMENT IN	CIVIC / NON-GOVERNMENT	/ PEOPLE / VO	JLUNIARY O	RGANIZATIOI	V/S	
29. NAME & ADDRESS OF ORG. (Write in full)	ANIZATION		/E DATES d/yyyy) To	NUMBER OF HOURS		POSITION / NATURE OF WORK
lang women's (Eganization	1-2016	2-2017	2hr/4	cle	Member
Lahug Women's C Sitio Dio Dos Chap	al President	5.2014	2-201-	3 Yea	vr5	President
					there is a	Jeding word Louis woed in Landida.
	(Co	ntinue on separate s	heet if necessary)			
VII. LEARNING AND DEVELOPMENT (L&D) IN Start from the most recent L&D/training program and include or	TERVENTIONS/TRAINING PI	ROGRAMS AT	TENDED	Executive/Manager	ial positions)	
30. TITLE OF LEARNING AND DEVELOPMENT INTERVE (Write in full)	ENTIONS/TRAINING PROGRAMS	INCLUSIVE ATTENI (mm/dc	DANCE	NUMBER OF HOURS	Type of LD (Managerial/ Supervisory/ Technical/etc)	CONDUCTED/ SPONSORED BY (Write in full)
Seminar on Fite P			2 3-301	28		Fire Dept, , VSL
Training on Basic 10		5-9-09				Computer Sci. Dept
SPMO and VSM-C	for the	1-26-0	× 1 2:	00/ 1/		0 1210
MIN V 201 -0	o way	4-25-0	0 4-267	09 16	118 %	Dept. of SPMO
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1 200, 300, 4300 3						2499
93 E S 3 279.2	101	w Boyer	SSLOVENIC	4	Yek	Acrob Mac C. Go
	The state of the s	De Porto	eckelogy	60		Pind Tome
/III. OTHER INFORMATION	(Co)	ntinue on separate s	heet if necessary)			COMM IN MORE
	NON	N-ACADEMIC DISTIN (Write	CTIONS / RECOGN in full)	IITION	g gent of the will sign and states	33. MEMBERSHIP IN ASSOCIATION/ORGANIZATION (Write in full)
Cooking, table setting		NA		Was noted and a little		NA
bun manicuring			and the second s			Alexandrane de la companya de la com
100	idi	024				The second secon
	60	ntinue on senarate	sheet if necessary			and the second between places
SIGNATURE	SSCO	ntinue on separate		DA	ATE	12-7-2022

4. 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 apppointed,	T YES NO
a. within the third degree?	
b. within the fourth degree (for Local Government Unit - Career Employees)?	YES NO
in track a sort shirtlebe Mounteer	If YES, give details:
a. Have you ever been found guilty of any administrative offense?	YES NO
0. 4.1.4.5.4.5.5.5.5.5.5.5.5.5.5.5.5.5.5.5.	If YES, give details:
	☐ YES ☐ NO
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 any law, decree, ordinance or regulation b	
any court or tribunal?	If YES, give details:
37 Have you ever been separated from the service in any of the following modes: resignation, retirement	nt, YES NO
dropped from the rolls, dismissal, termination, end of term, finished contract or phased out (abolition) If YES, give details:
in the public or private sector?	
38. a. Have you ever been a candidate in a national or local election held within the last year (except	YES NO
Barangay election)?	If YES, give details:
b. Have you resigned from the government service during the three (3)-month period before the last	☐ YES ☐ NO
b. Have you resigned from the government service during the time (o)-month period before the last election to promote/actively campaign for a national or local candidate?	If YES, give details:
I CALIFFA TO I AT A STREET A STREET	March Co Hold Am
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 727	77);
and (c) Solo Parents Welfare Act of 2000 (RA 8972), please answer the following items:	
a. Are you a member of any indigenous group?	☐ YES ☐ NO
	If YES, please specify:
b. Are you a person with disability?	☐ YES ☑ NO
	If YES, please specify ID No:
c. Are you a solo parent?	YES NO
	If YES, please specify ID No:
41. REFERENCES (Person not related by consanguinity or affinity to applicant /appointee)	
NAME ADDRESS	TEL. NO.
	1565-0060
Arrah Mac C. Godon Hibunawan Raylon, Le	STO LOC, 1009
Rigal Tarried Guardelune Broken C	1156-0060
	1 665-0060
Alicia M. Floras Guadalupe Baylony G	ante Loui 1010
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 Philippines. I authorize the agency head/authorized representative to verify/validate the contents s	he Republic of the
agree that any misrepresentation made in this document and its attachments shall contains	ause the filing of PHOTO
administrative/criminal case/s against me.	111-2-101
Government Issued ID (i.e.Passport, GSIS, SSS, PRC, Driver's License, etc.)	- Wash
PLEASE INDICATE ID Number and Date of Issuance	
Government Issued ID: MMID	this little
ID/License/Passport No.: 006 - 0096 - 1162 - Signature (Sign inside t	the hox)
Date/Place of Issuance: 2 -2009 Cabu City Date Accomplished	
Date Accomplished	ed Right Thumbmark
SUBSCRIBED AND SWORN to before me this	Exercise to the control of the contr
SUBSCRIBED AND SWORN to before me this, affiant ex	xhibiting his/her validly issued government ID as indicated above.
Mgm	
ATTY. RVS / C. GUINOCO	DR .
200 Val 2004 011.10	
Person Administering C	Path