

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	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 <input type="checkbox"/> Other/s:	17. RESIDENTIAL ADDRESS	
7. HEIGHT (m)	5' 1"	House/Block/Lot No. 443	Street STA. CRUZ
8. WEIGHT (kg)	60 kgs	Subdivision/Village BAYBAY CITY	Barangay LEYTE
9. BLOOD TYPE	B+	City/Municipality	Province
10. GSIS ID NO.	4404-5278-1895-2406	ZIP CODE 6521	
11. PAG-IBIG ID NO.	1211-2568-1068	18. PERMANENT ADDRESS	
12. PHILHEALTH NO.	13-00009355-15	House/Block/Lot No. 443	Street STA. CRUZ
13. SSS NO.	NA	Subdivision/Village BAYBAY CITY	Barangay LEYTE
14. TIN NO.	922-434-128	City/Municipality	Province
15. AGENCY EMPLOYEE NO.	V-00584	ZIP CODE 6521	
		19. TELEPHONE NO.	
		20. MOBILE NO.	09265453442
		21. E-MAIL ADDRESS (if any)	lapasanda.lenita@gmail.com

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	NA	Gayle L. Caintic	11-18-1990
OCCUPATION		Grace L. Caintic	3-12-1994
EMPLOYER/BUSINESS NAME		Glenn L. Caintic	4-1-1999
BUSINESS ADDRESS		Glenn L. Caintic	8-12-2004
TELEPHONE NO.			
24. FATHER'S SURNAME	LAPASANDA SR.		
FIRST NAME	DIOSCORO	NAME EXTENSION (JR., SR) Sr.	
MIDDLE NAME	MATENDO		
25. MOTHER'S MAIDEN NAME			
SURNAME	VARBON		
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. SCH.	NA	1970	1976	NA	✓	NA
SECONDARY	BAYBAY HIGH SCHOOL	NA	1976	1980	NA	✓	NA
VOCATIONAL / TRADE COURSE	VISAYAS STATE COLLEGE OF AGRICULTURE	SEWING	5-1998	5-1998	NA	✓	NA
COLLEGE	VISAYAS STATE COLLEGE OF AGRICULTURE	DEV. COM	6-1998	3-1988	3rd yr College	NA	NA
GRADUATE STUDIES	X	X		X	105 UNITS	NA	NA

(Continue on separate sheet if necessary)

SIGNATURE	DATE
LCaintic	6-21-2023

IV. CIVIL SERVICE ELIGIBILITY						
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 ¹	Date of Validity
	NA			NA		

(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.

28	INCLUSIVE DATES			SALARY / JOB / PAY		
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[illegible]

(Continue on separate sheet if necessary)

Hamitic

DATE _____

6-21-2023

29.	NAME & ADDRESS OF ORGANIZATION (Write in full)	INCLUSIVE DATES (mm/dd/yyyy)		NUMBER OF HOURS	POSITION / NATURE OF WORK
		From	To		
	LAHUG WOMEN'S ORGANIZATION	1-2016	1-2017	2hr/week	MEMBER
	SITIO RIO DOS CHAPEL PRESIDENT	5-2014	3-2017	3 YRS.	CHAPEL PRESIDENT

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

[illegible]

VIII. OTHER INFORMATION

	NON-ACADEMIC DISTINCTIONS / RECOGNITION	MEMBERSHIP IN ASSOCIATION/ORGANIZATION
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(Continue on separate sheet if necessary)

6-21-2023

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

☐ 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.
Rigel Tanaid	Brgy. Guadalupe Baybay City	565-1042
Arrah Mae Gooby	Brgy. Hionawan Baybay City	565-1042
Benito Javier	Brgy. Maricao Baybay City	565-1042

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: National ID

ID/License/Passport No.: 4521-3463-4709-1286

Date/Place of Issuance: 1-2023 (Baybay City)

Signature (Sign inside the box)

Date Accomplished

Right Thumbmark

SUBSCRIBED AND SWORN to before me this 24 JUL 2023, affiant exhibiting his/her validly issued government ID as indicated above.

ATTY. RYSSA C. GUINOCOR
Vand. Legal Officer

Person Administering Oath