## CS Form No. 212 Revised 2017

## **PERSONAL DATA SHEET**

MIDDLE NAME  OCCUPATION  Grace Li Caintic 3 12 1999.  Glyze L: Caintic 10 10 1999.  EMPLOYERBUSINESS NAME  BUSINESS ADDRESS  TELEPHONE NO.  24. FATHER'S SURNAME FIRST NAME MIDDLE NAME  MIDDLE NAME  VARON  FIRST NAME MIDDLE NAME  VARON  FIRST NAME MIDDLE NAME  MERCEDES  MIDDLE NAME  MIGHEST LEVEL  NAME OF SCHOOL  (Write in full)  Write in full)  MERCEDUCATIONAL BACKGROUND  ARABET LEVEL  NAME OF SCHOOL  (Write in full)  Write in full)  MERCEDUCATIONAL BACKGROUND  PERIOD OF ATTENDANCE  JOHN TO A TOWN TO A TENDANCE  JOHN TOWN TO A TENDANCE  JOHN TOWN TOWN TOWN TOWN TOWN TOWN TOWN TOW		on made in the Personal Data Sheet and the Wo				minal case/s agains	the person co	oncerned.
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FIRST NAME MIDDLE NAME  SURPHANE  MARE EXTENSION (AR. SR)  Gayle L. Caintic  JI 18 199  Gracy L. Caintic  JI 19 199  Gracy L. Caintic  JI 199  Gracy L. Caintic  JI 19 199  Gracy L. Caintic  JI 199  Gracy L. Caintic  J	II. FAMILY BACKGROUND					The second second		
FIRST NAME  MIDULE	22. SPOUSE'S SURNAME		AND THE EXPENSION (ID. CD.)	23. NAME of CH	ILDREN (Write full name a	and list all)	- /	H (mm/dd/yyyy
COCUPATION  EMPLOYER/BUSINESS NAME  BUSINESS ADDRESS  TELEPHONE NO.  24 FATHERS SURNAME  FIRST NAME  MIDDLE NAME  FIRST NAME  MIDLE NAME  FIRST NAME  MIDDLE NAME  MIDLE NAME  MIDDLE NAME  MIDDLE NAME  MIDDLE NAME  MIDDLE NAME  MIDLE NAME  MIDDLE NAME  MIDDLE NAME  MIDDLE NAME  MIDDLE NAME  MIDLE NAME  MIDDLE NAME  MIDDLE NAME  MIDDLE NAME  MIDDLE NAME  MIDLE NAME  MIDDLE NAME  MIDLE NAME  MIDDLE NAME  MIDDLE NAME  MIDLE NAME  MIDLE NAME  MIDLE NAME  MIDLE NAME  MIDLE NAME  MIDLE NAM	FIRST NAME		NAME EXTENSION (JR., SK)	Gayle			11/18	1990
EMPLOYERBUSINESS NAME  BUSINESS ADDRESS  TELEPHONE NO.  24. FATHERS SURNAME  FIRST NAME  MIDDLE NAME  SURNAME  FIRST NAME  MIDDLE NAME  MERCEDES  MARE STENSION (IR. SR)  MIDDLE NAME  MERCEDES  MIDDLE NAME  MERCEDES  MAME OF SCHOOL  (Write in full)  BASIC EDUCATION/DEGREE/COURSE  (White in full)  FROM  TO  SECONDARY  PAYDAY  FIRST NAME  SECONDARY  PAYDAY  FIRST NAME  MERCEDES  MAME OF SCHOOL  Write in full)  BASIC EDUCATION/DEGREE/COURSE  (Write in full)  FROM  TO  SCHOOL  SECONDARY  PAYDAY  FIRST NAME  MERCEDES  MAME OF SCHOOL  (Write in full)  BASIC EDUCATION/DEGREE/COURSE  (Write in full)  FROM  TO  FROM  TO  FROM  TO  SCHOOL  SECONDARY  PAYDAY  FIRST NAME  MIDLE NAME  FROM  TO  TO  FROM  TO  SCHOOL  SCHOOL  SCHOOL  SCHOOL  SCHOOL  SCHOOL  SCHOOL  COLLEGE  VISCA - Visayas State  COLLEGE  VISCA - Visayas State  COLLEGE  GRADUATE STUDIES  GRADUATE STUDIES	MIDDLE NAME	1 1 1 1 1		Grac			3/12	1994
BUSINESS ADDRESS  TELEPHONE NO.  24. FATHERS SURNAME FIRST NAME MIDDLE NAME  SURNAME  SURNAME  SURNAME  SURNAME  FIRST NAME  MIDDLE NAME  GRADUATIONAL BACKGROUND  28. LEVEL  NAME OF SCHOOL  (Write in full)  SECONDARY  SECONDARY  POWDERS  FIRST NAME  SURNAME  FROM  TO  TO  TO  TO  TO  TO  TO  TO  TO	OCCUPATION			Glyzo	L: Cal		10/10	1990
TELEPHONE NO  24. FATHERS SURNAME  LAPAS AND DA  NAME EXTENSION (JR. SR)  DIOSCOPO  NAME EXTENSION (JR. SR)  MIDDLE NAME  SURNAME  FIRST NAME  MIDDLE NAME  VARRON  MIDDLE NAME  FIRST NAME  MERCEDES  MIDDLE NAME  GALONIA  ILEVEL  NAME OF SCHOOL  (Write in full)  BASIC EDUCATIONDEGREECOURSE  (Write in full)  ELEMENTARY  Sta. Crus Elam  School  RECEN  SECONDARY  Daybay High  SCHOOL  NOW If an individed in full  SCHOOL  SCHOOL  SCHOOL  RECEN  GRADUATE DIAG  GRADUATE  SCHOOL  SCHOOL  SCHOOL  GRADUATE  SCHOOL	EMPLOYER/BUSINESS NAME			Glen	Paulo L.	Caintic	4/1/	1990
24. FATHERS SURNAME  ERST NAME  DICSCORD  NAME EXTENSION (AR. SR)  DICSCORD  NAME OF SCHOOL  (Write in full)  EDUCATIONAL BACKGROUND  SECONDARY  SHAD, CTUS Elem.  SCHOOL  SECONDARY  DAYBOAY High  SCHOOL  VOCATIONAL /  TRADE COURSE  COILEGE  VIS CA - V is aware state  COILEGE  GRADUATE OF SCHOOL  VIS CA - V is aware state  COILEGE  COILEGE  COILEGE  GRADUATE STUDIES  NAME OF SCHOOL  (Write in full)  RECENTANCE  RESIDENT SCHOOL  (Write in full)  RECENTANCE  PERIOD OF ATTENDANCE  HICHEST LEVEL UNITS EARNED  (In or graduated)  From To  I G 70 1976  SCHOOL  RECENTANCE  COILEGE  VIS CA - V is aware state  COILEGE  COILEGE  COILEGE  COILEGE  GRADUATE STUDIES	BUSINESS ADDRESS			1	Adel L.	Caintic	8/12/	200
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FIRST NAME MIDDLE NAME  GALONIA  GALONIA  (Continue on separate sheet if necessary)  III. EDUCATIONAL BACKGROUND  26.  LEVEL  NAME OF SCHOOL (Write in full)  RECENCE (Write in full)  BASIC EDUCATION/DEGREE/COURSE (Write in full)  From To  From To  GRADUATED  From To  1970 1976  SCHOOL (RECENCE)  From To  1970 1976  SCHOOL RECENCE  VOCATIONAL/ TRADE COURSE  COILEGE  COILEGE  COILEGE  GRADUATE STUDIES  (Continue on separate sheet if necessary)  FOR CONTINUE OF SEPARATION OF S	25, MOTHER'S MAIDEN NAME	The Manager of the Control of the Co					-	
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ORK EXPERIENCE de private employment. INCLUSIVE DATES			DEPARTMENT / AG	ENCY/OFFICE/COMPANY	MONTHLY	SALARY/ JOB/ PAY GRADE (if applicable)& STEP	STATUS OF APPOINTMENT	G SE
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VOLUNTARY WORK OR INVOLVEMENT IN CIVIC / NO. JOVERNMENT			RGANIZATION		
NAME & ADDRESS OF ORGANIZATION (Write in full)	INCLUSIV (mm/do		NUMBER OF HOURS		POSITION / NATURE OF WORK
LAHUG WOMEN'S ORG.	1/2016	2/2017	thr/we	v 8 v gj	MEHBER
SMO RIC DOS CHAPEL	5/2014	2/2017	3 YRS.		PREGIDENT
RRESIDENT					
147031060					
(Co	ontinue on separate :	sheet if necessary			
LEARNING AND DEVELOPMENT (L&D) INTERVENTIONS/TRAINING P  throm the most recent L&D/training program and include only the relevant L&D/training taken for	ROGRAMS AT	TENDED		al positions)	
TITLE OF LEARNING AND DEVELOPMENT INTERVENTIONS/TRAINING PROGRAMS (Write in full)	ATTEN	DATES OF IDANCE Id/yyyy)	NUMBER OF HOURS	Type of LD ( Managerial/ Supervisory/ Technical/etc)	CONDUCTED/ SPONSORED BY (Write in full)
SEMINAR ON FIRE PREUGNTION	3/30/12	3/30/12	8		FIRE DEPT. VSU, BAY
RAINING ON BASIC ICT SKILLS	1	5/8/09	1		COMPUTER OCI. DE
CANNING WORKSHOP FOR SPMC	4/25/200	4/26/20	8 16		DEPT. OF SPMO
and YSU - CO STAFF		1 1			
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/III. OTHER INFORMATION					MEMBERSHIP IN ASSOCIATION/ORGANIZATIO
31. SPECIAL SKILLS and HOBBIES 32.	NON-ACADEMIC DIST	TINCTIONS / RECO	OGNITION		33. (Write in full)
FOOD SERVING					
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SIGNATURE Scam	Mi				CS FORM 212 (Revised 2017), Page

	Are you related by consanguinity or affinity to tempointing chief of bureau or office or to the person who has immediate Bureau or Department where you will be apppointed, a. within the third degree?  b. within the fourth degree (for Local Government Unit - Care	YES NO				
35.	a. Have you ever been found guilty of any administrative offer	ense?	YES NO If YES, give details:			
	b. Have you been criminally charged before any court?		YES Fif YES, give details:  Date Filed:  Status of Case/s:	NO		
36.	Have you ever been convicted of any crime or violation of an any court or tribunal?	ny law, decree, ordinance or regulation by	YES If YES, give details:	NO		
	Have you ever been separated from the service in any of the retirement, dropped from the rolls, dismissal, termination, er (abolition) in the public or private sector?	nd of term, finished contract or phased out	YES If YES, give details:	NO		
38.	a. Have you ever been a candidate in a national or local ele Barangay election)?      b. Have you resigned from the government service during the	☐ YES ☐ NO If YES, give details: ☐ YES ☐ NO				
	election to promote/actively campaign for a national or local	candidate?	If YES, give details:			
39.	Have you acquired the status of an immigrant or permanent	☐ YES ☐ NO If YES, give details (country):				
a. b.	Pursuant to: (a) Indigenous People's Act (RA 8371); (b) Ma 7277); and (c) Solo Parents Welfare Act of 2000 (RA 8972) Are you a member of any indigenous group?  Are you a person with disability?  Are you a solo parent?	If YES NO If YES NO If 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.			
	rizal Tanaid	Guadalua Bayla	y City	<b>A</b>		
1	Alicia Flores	Quadalum Barba	City			
T	Josepha Larrosa	Ormec City	7			
42	I declare under oath that I have personally accomplishe complete statement pursuant to the provisions of pertir Philippines. I authorize the agency head/authorized repres agree that any misrepresentation made in this doc administrative/criminal case/s against me.	d this Personal Data Sheet which is a nent laws, rules and regulations of the entative to verify/validate the contents stat	Republic of the ed herein.			
	Government Issued ID (i.e.Passport, GSIS, SSS, PRC, Driver's License, etc.)  PLEASE INDICATE ID Number and Date of Issuance  Government Issued ID: WMID ID: CRN - DDI-  D/License/Passport No.: 00016-1162-7	FF Caun Signature (Sign inside the	Aic			
	Date/Place of Issuance: 2015 / Caba City		2018	RightThumbmark		
F	SUBSCRIBED AND SWORN to before me this	, affiant exhibit	ing his/her validly issued gover	nment ID as indicated above.		
		Person Administering Oa	th			