CS Form No. 212 Revised 2017	PERSO	NAL DAT	A SH	EET	AND STANFORM OF THE STANFORM O		950-5	
	tion made in the Personal Data Sheet and the	Work Experience Sheet sha	all cause the f	iling of administrative/	criminal case/s a	gainst the pers	on	
	TO FILLING OUT THE PERSONAL DATA SHI					/D 161 5	000	
Print legibly. Tick appropriate boxes I. PERSONAL INFORMATIC	i () ☐ use separate sheet if necessary. Indicate	N/A if not applicable. DO NOT A	ABBREVIATE.	1. CS ID No.		(Do not fill up. Fo	or CSC use only)	
2. SURNAME	CAINTIC							
FIRST NAME	LENITA			NAME EXTENSION (JF	R., SR)			
MIDDLE NAME	LAPROANOR							
DATE OF BIRTH (mm/dd/yyyy)		16. CITIZENSHIP		Filipino	Dual Citizenship			
	11-21-1963			by birth by naturalization				
4. PLACE OF BIRTH	BAYBAY LEYTE	If holder of dual citize						
5. SEX	☐ Male ☐ Female	please indicate the d	etails.				* ************************************	
6 CIVIL STATUS	☐ Single ☐ Married ☐ Widowed ☐ Separated	17. RESIDENTIAL ADDRESS	Hou	use/Block/Lot No.	STA	Street S	Z	
The same of the sa	Other/s: abandoned 5 inc	2006	STA, CRUZ SubdivisionVillage Barangay					
7. HEIGHT (m)	5'1''				CITY	LEYTE		
8. WEIGHT (kg)	59 KIS	ZIP CODE	CityMunicipality Province					
9. BLOOD TYPE	B+	18. PERMANENT ADDRESS	1					
10. GSIS ID NO.	V			use/Block/Lot No.	5	Street TA CRU	2	
11. PAG-IBIG ID NO.	104		SubdivisionVillage Barangay BAY BAY CITY LEYTE City/Municipality Province					
12. PHILHEALTH NO.	1211-2569 - 1068	ZIP CODE	1	city/Municipality		Province		
			60	521				
13. SSS NO.	NONG	19. TELEPHONE NO.						
14. TIN NO.	922 - 434 - 128	20. MOBILE NO.		9581559				
15. AGENCY EMPLOYEE NO.	V00 - 584	21. E-MAIL ADDRESS (if any)	lapas	sandalenit	a pama	il, con	1	
II. FAMILY BACKGROUND	1				•			
22. SPOUSE'S SURNAME FIRST NAME	1 1	NAME EXTENSION (JR., SR)		HILDREN (Write full name a	•	DATE OF BIRT		
MIDDLE NAME	HAA		Gayl		untic		- 1990	
OCCUPATION	1 1 3		Grac		untic	3-12	100	
EMPLOYER/BUSINESS NAME			Glyza		. Cainti	10-10		
BUSINESS ADDRESS	MA					8-12		
TELEPHONE NO.	INA		Ciav	Haci v	· Comoving	0-12	- 0004	
24. FATHER'S SURNAME		And the con-						
FIRST NAME	DIOSCORO LAPASA	NAME EXTENSION (JR., SR)						
MIDDLE NAME	MATONDO						70-11-11-12-11-12-11-12-11-11-11-11-11-11-	
25. MOTHER'S MAIDEN NAME	and the second s							
SURNAME	VARRON							
FIRST NAME	MERCEDES							
MIDDLE NAME	GALONIA			(Continue on s	eparate sheet if nece	essary)		
III. EDUCATIONAL BACKS	ROUND						SCHOLARSHIP/	
LEVEL	NAME OF SCHOOL (Write in full)	BASIC EDUCATION/DEGRI (Write in full)	EE/COURSE	PERIOD OF ATTENDANCE From To	UNITS EARNED (if not graduated)	YEAR GRADUATED	ACADEMIC HONORS RECEIVED	
ELEMENTARY	STA, CRUZ ELEM. SCHOOL BAYBAY HIGH					1		
SECONDARY	BAYBAY HIGH							
VOCATIONAL /	SEWING			3-200 5-200				
TRADE COURSE COLLEGE	VISAYAS STATE COL	BS DEVELO	PMEN		105			
COLLEGE	VISAYAS STATE COLLEGE OF AGRICULTUR	EDWARMIO!	N	6-19956-19	8 an	5		
GRADUATE STUDIES		or sec write short II nece	AND THE THE WAY					
SIGNATURE	SS Canitrie	Continue on separate sheet if nec	essary)	DATE	7-1	- 208	2 1	

CAREE		080 (BOARD/ BAR) UNDER	RATING	DATE OF				LICENSE (if a	Control of the Contro
BAR		VS/ CES/ CSEE TY / DRIVER'S LICENSE	(If Applicable)	EXAMINATION / CONFERMENT	HE AND COLUMN HELE COLUMN COL		NUMBER	Date of Validity	
	NA	8 1840	1	HAR SM CM HISTORY	NA				
	10 PA			de la company de	10 14				
						1 2			
1.1.25									
			(Co	ntinue on separate sheet	if necessary)				
lude priva		t. Start from your recen	t work) Description	of duties should be	indicated in the attached	Work Expe	rience sheet.		
	SIVE DATES n/dd/yyyy) To	POSITION T (Write in full/Do not		DEPARTMENT / AGENCY / OFFICE / COMPANY (Write in full/Do not abbreviate)		MONTHLY SALARY	GRADE (if applicable)& STEP (Format "00-0")/ INCREMENT	STATUS OF APPOINTMENT	GOV'T SERVICE (Y/N)
2001	7-2021	Gussthouse	Caretak			10,000	SALAR GEA DI	CASUAL	20
- 1983	12-1984	NEW COT	TON	UNIVE	PSITY		1	CHOUNC	20
		PHILIPPI		BACCA	RAW PARA	4,000		CONTAK	TUNE
		QUALITY		The second second second second second					
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							The state of the s	Section 1995 and the section 1	
A150 - 1				112-227					
			anti	ontinue on separate shee	t if necessary) DATE		dy 1		

NAME & ADDRESS OF ORGANIZATION (Write in full)		/E DATES dd/yyyy)	NUMBER OF HOURS		POSITION / NATURE OF WORK
LAHUG WOMEN'S ORGANIZAT			2/wh	. <i>V</i>	1EMBER
SITIO PO DOS CHAPEL PRES					,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
SIDENT (LAHUG CGBU)		2-200	3YKS	PDI	ESIDENT
Siverif C DAMOCO COVOL	5 8014	0. 00//	7,23		-510010
					egiber de yezheto inarir, esekue
III. LEARNING AND DEVELOPMENT (L&D) INTERVENTIONS/TRAINING		TENDED			
Start from the most recent L&D/training program and include only the relevant L&D/training taken	INCLUSIVE	E DATES OF	/Executive/Manageri	Type of LD	
30. TITLE OF LEARNING AND DEVELOPMENT INTERVENTIONS/TRAINING PROGRAMS (Write in full)		ATTENDANCE (mm/dd/yyyy)		(Managerial/ Supervisory/ Technical/etc)	CONDUCTED/ SPONSORED BY (Write in full)
Samirar on Fire Prevention	From	To			E 5 (110) B
Training on Bosic ICT skills	3-30-12	-	8	Tana and the	Fire Dept. USU, Boy
Training Wak shop for the	5-7-09		8 16		Comp Sci Dept,
SPMO por VSU-co stage	4-08-0	84-260	8 16	The second	Dept, of SPMO
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48cm 278 cm					
	4				
1 00 to 1 0 carefred		Den Grand Den Gr		water in later mixture.	
	(Continue on separate	e sheet if necessar	y)		
VIII. OTHER INFORMATION					
31. SPECIAL SKILLS and HOBBIES 32.	NON-ACADEMIC DIST (Wr	INCTIONS / RECOG rite in full)	GNITION		33. MEMBERSHIP IN ASSOCIATION/ORGANIZATION (Write in full)
			AND THE RESERVE		
					S T SECTION OF STATE OF SECTION SECTIO
					or secretary to the sec
	Les Caralles (Manual		-		200 D - 100 S (145 S O O O
	Charles 190				1. 32 1. 53 1. 53
and programmers to the complete translation of the control of the					Maria Control Control
	(Continue on seneral	te sheet if necessar	ryi		
SIGNATURE ACOM	ti	The trade of	D	ATE	7-1-2021

34.	Are you related by consanguinity or affinity to the appointing of chief of bureau or office or to the person who has immediate a Bureau or Department where you will be approinted, a. within the third degree?		☐ YES ☐ MO			
	b. within the fourth degree (for Local Government Unit - Care	er Employees)?	☐ YES ☐ NO If YES, give details:			
35.	a. Have you ever been found guilty of any administrative offer	☐ YES ☐ NO If YES, give details:				
	b. Have you been criminally charged before any court?		☐ 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 any court or tribunal?	YES NO If YES, give details:				
	Have you ever been separated from the service in any of the dropped from the rolls, dismissal, termination, end of term, fir in the public or private sector?	nished contract or phased out (abolition)	☐ YES ☐ NO If YES, give details:			
38.	a. Have you ever been a candidate in a national or local elect Barangay election)?		YES NO If YES, give details:			
	b. Have you resigned from the government service during the election to promote/actively campaign for a national or local of		☐ YES ☐ NO If YES, give details:			
39.	Have you acquired the status of an immigrant or permanent r	☐ YES ☐ NO If YES, give details (country):				
40.	Pursuant to: (a) Indigenous People's Act (RA 8371); (b) Magrand (c) Solo Parents Welfare Act of 2000 (RA 8972), please					
a.	Are you a member of any indigenous group?	☐ YES ☐ NO				
b.	Are you a person with disability?	If YES, please specify: YES If YES, please specify ID No:				
C.	Are you a solo parent? abandaned since	If YES, please specify ID No:				
41.	REFERENCES (Person not related by consanguinity or affinity to applicant	/appointee)				
	NAME	ADDRESS	TEL. NO.			
1	Artoh Mare Godoy	Hibunawan Borybay Crty				
K	igal Tanald	Guadosupe Boylony City	9736847224			
42.	I declare under oath that I have personally accomplished complete statement pursuant to the provisions of pertine Philippines. I authorize the agency head/authorized represent agree that any misrepresentation made in this document administrative/criminal case/s against me.	ent laws, rules and regulations of the latative to verify/validate the contents state	Republic of the d herein.			
G Pi	overnment Issued ID (i.e.Passport, GSIS, SSS, PRC, Driver's License, etc.) LEASE INDICATE ID Number and Date of Issuance					
H	overnment Issued ID:					
H	/License/Passport No.:	Signature (Sign inside the bo	ox)			
Da	ate/Place of Issuance:	Date Accomplished	Right Thumbmark			
	SUBSCRIBED AND SWORN to before me this	્રા ત્રાધા કરાયેલા સ્ત્રાધા સ	ting his/her validly issued government ID as indicated above.			
		ATTY, INSAW GUNOCOR VSU Chief Legal Officer Person Administering Oath				
	-70	1				