

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)	
MIDDLE NAME	LAPASANDA		
3. DATE OF BIRTH (mm/dd/yyyy)	11-21-1963	16. CITIZENSHIP	<input checked="" 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	STA. CRUZ
7. HEIGHT (m)	5'11"	House/Block/Lot No.	Street
8. WEIGHT (kg)	59 KLS	Subdivision/Village	Barangay
9. BLOOD TYPE	B+	BAYBAY CITY	LEYTE
10. GSIS ID NO.		City/Municipality	Province
11. PAG-IBIG ID NO.	1211-2568-1068	ZIP CODE	6521
12. PHILHEALTH NO.		18. PERMANENT ADDRESS	STA CRUZ
13. SSS NO.	NONE	House/Block/Lot No.	Street
14. TIN NO.	922-434-128	Subdivision/Village	Barangay
15. AGENCY EMPLOYEE NO.	100-584	BAYBAY CITY	LEYTE
		City/Municipality	Province
		ZIP CODE	6521
		19. TELEPHONE NO.	
		20. MOBILE NO.	09959581059
		21. E-MAIL ADDRESS (if any)	lapasandalenita@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)	Gayle L. Caintic	11-18-1990
MIDDLE NAME		Grace L. Caintic	3-12-1994
OCCUPATION		Glyza 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			
FIRST NAME	NAME EXTENSION (JR., SR)		
MIDDLE NAME			
25. MOTHER'S MAIDEN NAME			
SURNAME			
FIRST NAME			
MIDDLE NAME			

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						
SECONDARY	BAYBAY HIGH SCHOOL						
VOCATIONAL / TRADE COURSE	SEWING		3-2008	5-2008			
COLLEGE	VISAYAS STATE COLLEGE OF AGRICULTURE	BS DEVELOPMENT COMMUNICATION	6-1996	6-1998	105 UNITS		
GRADUATE STUDIES							

(Continue on separate sheet if necessary)			
SIGNATURE	L. Caintic	DATE	7-1-2021

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	Date of Validity
	NA			NA		

V. WORK EXPERIENCE

[illegible]

SIGNATURE	<i>LLCanti</i>	DATE	<i>July 1, 2021</i>
-----------	----------------	------	---------------------

VI. VOLUNTARY WORK OR INVOLVEMENT IN CIVIC / NON-GOVERNMENT / PEOPLE / VOLUNTARY ORGANIZATION/S


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	2-2017	2/uk	MEMBER
	SITIO RIO DOS CHAPEL PRES				
	SIDENT (LAHUG CGBU)	5-2014	2-2017	3YRS	PRESIDENT

(Continue on separate sheet if necessary)

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


[illegible]

(Continue on separate sheet if necessary)

31. SPECIAL SKILLS and HOBBIES	32. NON-ACADEMIC DISTINCTIONS / RECOGNITION (Write in full)	33. MEMBERSHIP IN ASSOCIATION/ORGANIZATION (Write in full)
		

(Continue on separate sheet if necessary)

SIGNATURE	<i>#Camtri</i>	DATE	7-1-2021
-----------	----------------	------	----------

<p>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,</p> <p>a. within the third degree?</p> <p>b. within the fourth degree (for Local Government Unit - Career Employees)?</p>	<p><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>If YES, give details:</p>									
<p>35. a. Have you ever been found guilty of any administrative offense?</p> <p>b. Have you been criminally charged before any court?</p>	<p><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>If YES, give details:</p> <p><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>If YES, give details:</p> <p>Date Filed: _____</p> <p>Status of Case/s: _____</p>									
<p>36. Have you ever been convicted of any crime or violation of any law, decree, ordinance or regulation by any court or tribunal?</p>	<p><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>If YES, give details:</p>									
<p>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?</p>	<p><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>If YES, give details:</p>									
<p>38. a. Have you ever been a candidate in a national or local election held within the last year (except Barangay election)?</p> <p>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?</p>	<p><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>If YES, give details:</p> <p><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>If YES, give details:</p>									
<p>39. Have you acquired the status of an immigrant or permanent resident of another country?</p>	<p><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>If YES, give details (country):</p>									
<p>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:</p> <p>a. Are you a member of any indigenous group?</p> <p>b. Are you a person with disability?</p> <p>c. Are you a solo parent?</p>	<p><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>If YES, please specify:</p> <p><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>If YES, please specify ID No: _____</p> <p><input checked="" type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>If YES, please specify ID No: _____</p>									
<p>41. REFERENCES (Person not related by consanguinity or affinity to applicant /appointee)</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 35%;">NAME</th> <th style="width: 35%;">ADDRESS</th> <th style="width: 30%;">TEL. NO.</th> </tr> </thead> <tbody> <tr> <td>Arrah Mae Godoy</td> <td>Hibunawan Baybay City</td> <td>09146210877</td> </tr> <tr> <td>Rigal Tancid</td> <td>Guadalupe Baybay City</td> <td>0936842224</td> </tr> </tbody> </table>		NAME	ADDRESS	TEL. NO.	Arrah Mae Godoy	Hibunawan Baybay City	09146210877	Rigal Tancid	Guadalupe Baybay City	0936842224
NAME	ADDRESS	TEL. NO.								
Arrah Mae Godoy	Hibunawan Baybay City	09146210877								
Rigal Tancid	Guadalupe Baybay City	0936842224								
<p>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.</p>										
<p>Government Issued ID (i.e. Passport, GSIS, SSS, PRC, Driver's License, etc.)</p> <p>PLEASE INDICATE ID Number and Date of Issuance</p> <p>Government Issued ID:</p> <p>ID/License/Passport No.:</p> <p>Date/Place of Issuance:</p>	<p>Signature (Sign inside the box)</p> <p>Date Accomplished</p>									
<p>SUBSCRIBED AND SWORN to before me this <u>7/1/2021</u>, affiant exhibiting his/her validly issued government ID as indicated above.</p>										
<p> ATTY. RYSAN GUINOCOR VSU Chief Legal Officer</p> <p>Person Administering Oath</p>										