

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 (☐) and 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	PAULINE		NAME EXTENSION (JR., SR)
MIDDLE NAME	SALIGUE		
3. DATE OF BIRTH (mm/dd/yyyy)	07/12/1970	16. CITIZENSHIP	<input checked="" type="checkbox"/> Filipino <input type="checkbox"/> Dual Citizenship
4. PLACE OF BIRTH	Maasin City	If holder of dual citizenship, please indicate the details.	<input type="checkbox"/> by birth <input type="checkbox"/> by naturalization
5. SEX	<input type="checkbox"/> Male <input checked="" type="checkbox"/> Female		Pls. indicate country:
6. CIVIL STATUS	<input type="checkbox"/> Single <input checked="" type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Separated <input type="checkbox"/> Other/s:	17. RESIDENTIAL ADDRESS	House/Block/Lot No. Street
7. HEIGHT (m)	1.5 m	ZIP CODE	Zone 6 Guadalupe
8. WEIGHT (kg)	60 kg		Subdivision/Village Barangay
9. BLOOD TYPE	"A"		Baybay City Leyte
10. GSIS ID NO.	70071201471		City/Municipality Province
11. PAG-IBIG ID NO.	1700-0027-2707	6521	
12. PHILHEALTH NO.	13-000014337-6	18. PERMANENT ADDRESS	House/Block/Lot No. Street
13. SSS NO.	N/A	ZIP CODE	Zone 6 Guadalupe
14. TIN NO.	161-560-784		Subdivision/Village Barangay
15. AGENCY EMPLOYEE NO.	V00172		Baybay City Leyte
			City/Municipality Province
		6521	
		19. TELEPHONE NO.	563-8582
		20. MOBILE NO.	09976672006
		21. E-MAIL ADDRESS (if any)	caintic.pauline@gmail.com

II. FAMILY BACKGROUND

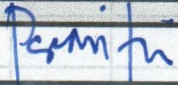
22. SPOUSE'S SURNAME	Caintic	23. NAME of CHILDREN (Write full name and list all)	DATE OF BIRTH (mm/dd/yyyy)
FIRST NAME	Wenito	Caintic, Paula Wayne S.	10/13/2002
MIDDLE NAME	Alba	Caintic, Wayne Pocholo S.	05/17/2004
OCCUPATION	Self-employed		
EMPLOYER/BUSINESS NAME	N/A		
BUSINESS ADDRESS	N/A		
TELEPHONE NO.	09207077230		
24. FATHER'S SURNAME	Saligue		
FIRST NAME	Nemesio	NAME EXTENSION (JR., SR)	
MIDDLE NAME	Machado		
25. MOTHER'S MAIDEN NAME			
SURNAME	Castañares		
FIRST NAME	Isabelita		
MIDDLE NAME	Aboejo		

(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	San Rafael Elementary School, Maasin So. Leyte	Primary Education	1977	1983		1983	N/A
SECONDARY	San Rafael Brgy High School, Maasin So. Leyte	High School	1983	1987		1987	N/A
COLLEGE	Visayays State College of Agriculture	BS Agriculture	1987	1991		1991	College Scholar
GRADUATE STUDIES	Visayas State University	Masters of Management	2013	2017		2017	N/A
	Masaryk University, Czech Republic	Master Exchange	2015	2016	21 ECTS		Erasmus Mundus
	University of San Carlos	PhD in Business Administration	2019	present	42 units		VSU Fellowship

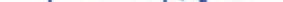
(Continue on separate sheet if necessary)

SIGNATURE		DATE	September 15, 2022
-----------	---	------	--------------------

[illegible]

V. WORK EXPERIENCE
(Include private employment. Start from your recent work) Description of duties should be indicated in the attached Work Experience sheet.

[illegible]


SIGNATURE		DATE	September 15, 2022
------------------	---	-------------	--------------------

29.	NAME & ADDRESS OF ORGANIZATION (Write in full)	INCLUSIVE DATES (mm/dd/yyyy)		NUMBER OF HOURS	POSITION / NATURE OF WORK
		From	To		
	VSU Credit Cooperative	2017	2019	2 hrs/month	Member, Education Committee
	VSU Credit Cooperative	2022	present	36 hrs	Member, Election Committee
	Kabalikat Civicom	2019	present	as the need arises	Member

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

[illegible]

VIII. OTHER INFORMATION

(Continue on separate sheet if necessary)			
SIGNATURE		DATE	September 15, 2022

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

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.
Dr. Ma. Juliet C. Ceniza	VSU, Visca, Baybay City, Leyte	09173095016
Dr. Jose L. Bacusmo	Baybay City, Leyte	09283496536
Ms. Hazel Grace T. Taganas	ATI, Visca, Baybay City, Leyte	09178628433

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: GSIS

ID/License/Passport No.: 70071201471


Date/Place of Issuance:

Permit

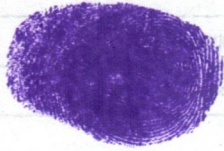
Signature (Sign inside the box)

September 15, 2022

Date Accomplished



PHOTO



Right Thumbmark

SUBSCRIBED AND SWORN to before me this 13 OCT 2022, affiant exhibiting his/her validly issued government ID as indicated above.

ATTY. RYAN C. GUINOCOR

VSU Chief Legal Officer

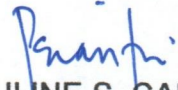
Person Administering Oath

CS FORM 212 (Revised 2017), Page 4 of 4

WORK EXPERIENCE SHEET

Instructions: 1. Include only the work experiences relevant to the position being applied to.
2. The duration should include start and finish dates, if known, month in abbreviated form, if known, and year in full. For the current position, use the word Present. e.g., 1998-Present. Work experience should be listed from most recent first.

- Duration: March 2015 - Present
- Position: Instructor
- Name of Office/Unit: ViCARP
- Immediate Supervisor: Dr. Othello B Capuno/Dr. Maria Juliet C. Ceniza
- Name of Agency/Organization and Location: Visayas State University
- List of Accomplishments and Contributions (if any)
- Summary of Actual Duties
 - Conduct instruction, research, and extension activities
 - Plan/coordinate/facilitate the conduct of monitoring and evaluation of research, development, and extension (RDE) projects implemented by the ViCARP member agencies.
 - Plan/coordinate/facilitate in the conduct of consortium-sponsored Research, Development and Extension (RDE) programs/projects/activities.
 - Preparation/consolidation and submission of reports
- Duration: May 2002 – February 2015
- Position: Science Research Assistant
- Name of Office/Unit: ViCARP
- Immediate Supervisor: Dr. Jose L. Bacusmo/Dr. Othello B. Capuno
- Name of Agency/Organization and Location: Visayas State University
- List of Accomplishments and Contributions (if any)
- Summary of Actual Duties
 - Plan, coordinate, facilitate in the conduct of consortium sponsored RDE program/projects/activities (meetings, trainings, planning workshops, seminars. field visit/tour, field evaluation, fora)
 - Plan, coordinate, facilitate in the monitoring and evaluation of the ongoing and completed RDE projects in the ViCARP network (conduct of Agency RDE Reviews and Regional RDE Symposium)
 - Facilitate requests from member-agencies
 - Monitoring and management of ViCARP funds
 - Preparation/Consolidation and submission of reports
 - Plan, coordinate and facilitate the day to day ViCARP Secretariat's activities


PAULINE S. CAINTIC

Date: Sept. 15, 2022