Revised 2017	PERSO	NAL DAT	A SH	EET			
VARNING: Any misrepresentati	ion made in the Personal Data Sheet and the	Work Experience Sheet shall	cause the filing	of administrative/crim	inal case/s agains	st the person o	oncerned.
	TO FILLING OUT THE PERSONAL DATA SHI  ( ) a use separate sheet if necessary. Indicate	. ,		PDS FORM.		(Do not fill up. Fo	or CSC use only)
PERSONAL INFORMATION		WATE THOU applicable. DO NOT AD	DICEVIATE.	1. 66 15 16.		(Bo not niii ap. 1	,, eee doc ey)
2. SURNAME	CAINTIC						
FIRST NAME	LEWITA NAME EXTENSION (JR., SR) NA						
MIDDLE NAME	LAPASANDA						
3. DATE OF BIRTH	OF PROPERTY.	16. CITIZENSHIP			1		
(mm/dd/yyyy)	11-21-1963			Filipino	Dual Citizenship  by birth	by naturalization	ation
4. PLACE OF BIRTH	BAYBAY LEYTE	If holder of dual citizenship, please indicate the details.		Pls. indicate country:			
5. SEX	☐ Male ☐ Female						
6 CIVIL STATUS	Single Married	17. RESIDENTIAL ADDRESS			-	Spi G	ruz
	Widowed Separated		Hous	se/Block/Lot No. 44	3	Street	9
	Other/s: Aboundoned 51	14e 2005		division/Village		Barangay	
7. HEIGHT (m)	5'1"		Ci	ybay City		Province	
8. WEIGHT (kg)	59 Kls	ZIP CODE					
9. BLOOD TYPE	B+	18. PERMANENT ADDRESS	House	443 se/Block/Lot No.		Street Ci	-43
10. GSIS ID NO.	~						
11. PAG-IBIG ID NO.	1211-2568-1068	S Company		odivision Nillage  City Municipality  City Municipality	-y	Barangay  Layte  Province	The state of the s
12. PHILHEALTH NO.	V. 1000	ZIP CODE		ty/Municipality/		Province	
13. SSS NO.	WA	19. TELEPHONE NO.		A			
4. TIN NO.	922-434-128	20. MOBILE NO.	casi	6545344	2		
15. AGENCY EMPLOYEE NO.	V-co584	21. E-MAIL ADDRESS (if any)	lana	545344 Sandalenit	fa Damai	1, can	
II. FAMILY BACKGROUND			-		15		
22. SPOUSE'S SURNAME			23. NAME of CH	LDREN (Write full name and	d list all)	DATE OF BIRT	H (mm/dd/yyyy)
FIRST NAME		NAME EXTENSION (JR., SR)	Garle	L, Cain	tio	11-18	- 1990
MIDDLE NAME	1011		Grace		ntic	3-12	- 1994
OCCUPATION			61430	a L. Can	rtic	10-10	- 1996
EMPLOYER/BUSINESS NAME			Glenn	Paulo L.	Campic	4-1	- 1999
BUSINESS ADDRESS			Gian	Adel L.	Caintic	8-12	- 2004
TELEPHONE NO.  24. FATHER'S SURNAME	LAPASANDA	SR.					
FIRST NAME	DIOOCOPO	NAME EXTENSION (JR., SR)					
MIDDLE NAME	MATONDO C	DECEASEDI					
25. MOTHER'S MAIDEN NAME							
SURNAME	VARRON						
FIRST NAME	MERCEDES						
MIDDLE NAME	GALONIA			(Continue on se	eparate sheet if neces	ssary)	
III. EDUCATIONAL BACKG	ROUND						
26. LEVEL	NAME OF SCHOOL (Write in full)	BASIC EDUCATION/DEGR (Write in full)	REE/COURSE	PERIOD OF ATTENDANCE  From To	HIGHEST LEVEL/ UNITS EARNED (if not graduated)	YEAR GRADUATED	SCHOLARSHIP/ ACADEMIC HONORS RECEIVED
ELEMENTARY	STA. CRUZ ELEMEN	T. PRIMARY ED	HOATION			1896	NA
SECONDARY	BAYBAY HIGH SCHOOL	usecondary ed	mcanion			1980	NA
VOCATIONAL / TRADE COURSE	OF AGRICULTURE	UGE SEV	NING	5-98 - 598		1998	NA
COLLEGE	VISAGE STATES	OUL ETAL	EV. COF	1	BTO VT. CO	et	1-11
GRADUATE STUDIES					105 W	N115	
		(Continue on separate sheet if ne	cessary)				
SIGNATURE				DATE			

CS Form No. 212

CAREER SERVICE/ RA 1	080 (BOARD/ BAR) UNDER	RATING	DATE OF				LICENSE (if ap	oplicable)
SPECIAL LA	NS/ CES/ CSEE TY / DRIVER'S LICENSE	(If Applicable)	EXAMINATION / CONFERMENT	PLACE OF EXAMINA	TION / CONFER	MENT NUMBER		Date of Valighty
NX				NA		420		
WORK EXPERIENCE ude private employmen	nt. Start from your recent		ntinue on separate sheet if of duties should be in	grander and the second second second second	Work Exper	ience sheet.		
INCLUSIVE DATES (mm/dd/yyyy)  From To	POSITION T (Write in full/Do not	ITLE	DEPARTMENT / AGEN	CY / OFFICE / COMPANY o not abbreviate)	MONTHLY SALARY	SALARY/ JOB/ PAY GRADE (if applicable)& STEP (Format "00-0")/ INCREMENT	STATUS OF APPOINTMENT	GOV'T SERVIC (Y/N)
-21-2001 6-	29-2022 A	DMIN AID		YAS STATE	10,000	5G-I	CASULAC	13
-182 11-184	New Cofton 7	hilippines	New Cother	Philipping	4,000,00	contra	chual	2 VI
	New Coston T Las Piño	15 M.M.	Las Pivas	И. Н.				/
3 A 1 3 7 8 4		anAi	ntinue on separate sheet if	necessary)				

NAME & ADDRESS OF ORGANIZATI (Write in full)		INCLUSIVE (mm/dd/	DATES	NUMBER OF HOURS		POSITION / NATURE OF WORK
-DHUG WOMEN 15 LEA	GU 5	1-2016	2-201	7 2/ni	- luk	MEMBER
SITIO PIO DOS CHAPEI	- PEGIDENT	-		3 41	25	PRESIDENT
LEARNING AND DEVELOPMENT (L&D) INTERVENT them the most recent L&D/training program and include only the	VENTIONS/TRAINING PRO		ENDED		rial positions)	
TITLE OF LEARNING AND DEVELOPMENT INTERVENTIO (Write in full)	NS/TRAINING PROGRAMS	INCLUSIVE ATTENI (mm/do	DANCE	NUMBER OF HOURS	Type of LD ( Managerial/ Supervisory/ Technical/etc)	CONDUCTED/ SPONSORED BY (Write in full)
Seminar en Fire Pre	vantion	3-30-12	- 300 201		Technical	Fire Departmen VSU Baybay Le
,	ICT Skills		95-8	09-16		Computer Sch Dept. VSU
Training on Workshe and VSU-Co S	tays	10 4-25-0	9 42	6-98	16	Pept of SPMO
			2 (22) 3			
III. OTHER INFORMATION		ntinue on separate				MEMBERSHIP IN ASSOCIATION/ORGANIZATION
31. SPECIAL SKILLS and HOBBIES 32.	NO	N-ACADEMIC DIST (Wr	INCTIONS / RECO	GNITION		33. MEMBERSHIP IN ASSOCIATION ORGANIZATION (Write in full)
	íA.	ntinue on separat	e sheat if narran	rv)		
SIGNATURE	If Camil				DATE	6 - 29 - 20 2 7 CS FORM 212 (Revised 2017), Page 3 0

34. A	are you related by consanguinity or affinity to the appointing	ng or recommending authority, or to the		
C	hief of bureau or office or to the person who has immedia	ate supervision over you in the Office.		
	Bureau or Department where you will be apppointed,			
а	within the third degree?		YES NO	
b	. within the fourth degree (for Local Government Unit - Ca	areer Employees)?	YES TIMO	
		aros. Employocoy.		
			If YES, give details:	
	The second of the first of the first of	" 0		
35. a	. Have you ever been found guilty of any administrative o	iffense?	YES 700	
			If YES, give details:	
١.				
D	. Have you been criminally charged before any court?		YES NO	
			If YES, give details:	
			Date Filed:	
			Status of Case/s:	
36. H	lave you ever been convicted of any crime or violation of	any law, decree, ordinance or regulation	YES DINO	
b	y any court or tribunal?	If YES, give details:		
Control Section			Lo, g.ro astano.	
07. 11				
	ave you ever been separated from the service in any of the		YES NO	
16	etirement, dropped from the rolls, dismissal, termination, e ut (abolition) in the public or private sector?	end of term, finished contract or phased	If YES, give details:	
	. Have you ever been a candidate in a national or local el	lection held within the last year (except	YES NO	
_ D	arangay election)?		If YES, give details:	
b	. Have you resigned from the government service during	the three (3)-month period before the	YES NO	
	ast election to promote/actively campaign for a national or		If YES, give details:	
	ave you acquired the status of an immigrant or permanen		ii i Lo, give details.	
39. H	ave you acquired the status of an infinigrant of permaner	it resident of another country?	☐ YES ☐ NO	
			If YES, give details (country):	
40. P	ursuant to: (a) Indigenous People's Act (RA 8371); (b) Ma	agna Carta for Disabled Persons (RA		
7:	277); and (c) Solo Parents Welfare Act of 2000 (RA 8972)	), please answer the following items:		
a. A	re you a member of any indigenous group?			
	, , , , , , , , , , , , , , , , , , , ,	☐ YES ☐ NO If YES, please specify:		
b. A	re you a person with disability?			
	, , , , , , , , , , , , , , , , , , , ,		☐ YES ☐ NO If YES, please specify ID No:	
c. A	re you a solo parent?			
			☐ YES ☐ NO If YES, please specify ID No:	
			in the places specify in the.	
41. R	EFERENCES (Person not related by consanguinity or affinity to applicant	it /appointee)		
	NAME	· ADDRESS	TEL. NO.	7
2			ID picture taken within the last 6 months	1
KI	ral Tanaic Br	reguada upe Barba	y 69369064309	
Dr	tala Mara Galan Br			1
n		yHibunavan Bayb	ny 0916 by 0877	1
10	unito Javier Bra	Marcos Barba	0916 1873 558	1
42.	declare under oath that I have personally accomplished	this Personal Data Sheet which is a th	ue correct and	1
CC	emplete statement pursuant to the provisions of pertine	ent laws, rules and regulations of the I	Republic of the	-
PI	nilippines. I authorize the agency head/authorized repre	esentative to verify/validate the contents	s stated herein	
- 1	agree that any misrepresentation made in this docu	ument and its attachments shall caus	e the filing of PHOTO	
ac	dministrative/criminal case/s against me.			
Gove	rnment Issued ID (i.e.Passport, GSIS, SSS, PRC, Driver's License, etc.)			
PLEA	SE INDICATE ID Number and Date of Issuance			
Gover	nment Issued ID: V - 00 584	SS Cam Aic		
ID/Lic	ense/Passport No.:			
-		x)		
Date/F	Place of Issuance: 2 - 9 - 2009	027		
		Date Accomplished	Right Thumbmark	
	SUBSCRIBED AND SWORN to before me this	4 AUG ZUZZ	ing his/her validly issued government ID as indicated above.	
		, amant exhibit		
		Marin		
		ATTY. RYSAN C. GUINOCOR		
		VSU Officer		
	7			
		Person Administering Oath	1	
			CS FORM 212 (Revised 2017), Page 1997	