

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	HENRY		NAME EXTENSION (JR., SR) N/A
MIDDLE NAME	SABEJON		
3. DATE OF BIRTH (mm/dd/yyyy)	05-29-1958	16. CITIZENSHIP	<input checked="" type="checkbox"/> Filipino <input type="checkbox"/> Dual Citizenship
4. PLACE OF BIRTH	MANILA	If holder of dual citizenship, please indicate the details.	<input type="checkbox"/> by birth <input type="checkbox"/> by naturalization Pls. indicate country:
5. SEX	<input checked="" type="checkbox"/> Male <input type="checkbox"/> Female		Philippines
6. CIVIL STATUS	<input type="checkbox"/> Single <input type="checkbox"/> Widowed <input type="checkbox"/> Other/s:	<input type="checkbox"/> Married <input checked="" type="checkbox"/> Separated	
7. HEIGHT (m)	5'8"	17. RESIDENTIAL ADDRESS	House/Block/Lot No. Street
8. WEIGHT (kg)	195 lbs.	6521-A	Subdivision/Village GUADALUPE Zone 6 Barangay BRGY. City/Municipality BAYBAY CITY Province LEYTE
9. BLOOD TYPE	B	18. PERMANENT ADDRESS	House/Block/Lot No. Street
10. GSIS ID NO.	LP-58052902892		Subdivision/Village SUNDALUPE Barangay BRGY. City/Municipality BAYBAY CITY Province LEYTE
11. PAG-IBIG ID NO.	1700-0028-821A	ZIP CODE	6521-A
12. PHILHEALTH NO.	13-000059527-7	19. TELEPHONE NO.	
13. SSS NO.	068616775-8	20. MOBILE NO.	0936 208 2516
14. TIN NO.	909-775-987	21. E-MAIL ADDRESS (if any)	BRGY. GUADALUPE, PH. COM
15. AGENCY EMPLOYEE NO.	V000582		

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)			
MIDDLE NAME				
OCCUPATION				
EMPLOYER/BUSINESS NAME				
BUSINESS ADDRESS				
TELEPHONE NO.				
24. FATHER'S SURNAME	CAINTIC			
FIRST NAME	BIENVENIDO		NAME EXTENSION (JR., SR)	
MIDDLE NAME	CORP/2			
25. MOTHER'S MAIDEN NAME	SABEJON			
SURNAME	MELENA			
FIRST NAME	BALEBAS			
MIDDLE NAME				

(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	KILIM ELEM. SCHOOL	GRADE - 6	1968	1972		1972	
SECONDARY	FRANCKIAN COLL. OF THE IMMACULATE CONCEPTION	FOURTH YEAR	1980	1984		1986	
VOCATIONAL / TRADE COURSE							
COLLEGE	FCIC	JUNIOR SECRETARIAL COURSE	1985		UNDER GRADUATE		
GRADUATE STUDIES					COL. LEVEL		

(Continue on separate sheet if necessary)

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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
	NONE			NONE		

V. WORK EXPERIENCE

[illegible]

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

29.	NAME & ADDRESS OF ORGANIZATION (Write in full)	INCLUSIVE DATES (mm/dd/yyyy)		NUMBER OF HOURS	POSITION / NATURE OF WORK
		From	To		
	NONE				NONE

(Continue on separate sheet if necessary)

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

[illegible]


(Continue on separate sheet if necessary)

VIII. OTHER INFORMATION


[illegible]

(Continue on separate sheet if necessary)

SIGNATURE	<i>[Signature]</i>	DATE	JAN 23, 2019	CS FORM 212 (Revised 2017), Page 3 of 4
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ATTY. RYSAN C. GUINOCOR
VSU LEGAL OFFICER
 Person Administering Oath