CS: Form No. 212 Revised 2017

PERSONAL DATA SHEET

nt legibly. Tick appropriate boxes (TO FILLING OUT THE PERSONAL DATA SHEI () and use separate sheet if necessary. Indicate N	I/A if not applicable. DO NOT A	BBREVIATE.		1. CS ID No.		(Do not fill up. Fo	or CSC use or
PERSONAL INFORMATION								
SURNAME	CAINTIC A			Б	THE EVENIOUN (ID	070		
FIRST NAME	LENITA			I'v	NAME EXTENSION (JR., S	SR)		
MIDDLE NAME	CAPASANDA							
3. DATE OF BIRTH (mm/dd/yyyy)	11-21-1963	16. CITIZENSHIP		Filipino	o 🗌	Dual Citizenship	by naturaliza	ation
4. PLACE OF BIRTH	BAYBAY LEYTE	If holder of dual citizen	nship,			Pls. indicate cou	untry:	
5. SEX	Male Female	please indicate the de	tails.			Andrew Comment of the		
6 CIVIL STATUS	Single Married Widowed Separated Other/s:	17. RESIDENTIAL ADDRESS		443 ise/Block/Lot No. bdivision/Village			Street CRUZ Barangay	• 1.34A
7. HEIGHT (m)	511"	The state of the s	BAY				EYTE	1002
8. WEIGHT (kg)	59 Kas 303000 8	ZIP CODE	N/	ly/Municipality	A CONTRACTOR OF THE PARTY OF TH		Province	
9. BLOOD TYPE	1000 11 Jec. 1 2000	18. PERMANENT ADDRESS		AA		2 40F 4	000 2	10,-12
CAPECON YES	B+ 353200	1-177-1894 3	Hou	ise/Block/Lot No.	VA	STA.	Street	Topic
10. GSIS ID NO.				bdivision/Village			Barangay	
11. PAG-IBIG ID NO.	1211 - 2568 - 1068	-	Ci	ity/Municipality			Province	
12. PHILHEALTH NO.		ZIP CODE	652					
13. SSS NO.	NA	19. TELEPHONE NO.	NA					
14. TIN NO.	922-434-128	20. MOBILE NO.		545				
5. AGENCY EMPLOYEE NO.	V-00584	21. E-MAIL ADDRESS (if any)	lapas	jour da	lenita	a gmail	: Con	L
II. FAMILY BACKGROUND						, ,		
22. SPOUSE'S SURNAME		NAME EXTENSION (JR., SR)	23. NAME of CH				DATE OF BIRT	
FIRST NAME	NA	Williams and the second	11	i. C		1	11-18	- In the second section is
MIDDLE NAME	1-2		-	· U. (A .	3-12.	
OCCUPATION EMPLOYER/BUSINESS NAME	1 1		Glyza		Caint	Cainti		
EMPLOYER/BUSINESS NAME	11)12		0 1	Paulo	· ·			
BUSINESS ADDRESS			Glan	Adel	U.	Cambie	8-12	- 200
TELEPHONE NO.		/1 (2)						
24. FATHER'S SURNAME	CAPASANDA ST.	NAME EXTENSION (JR., SR)						
FIRST NAME	D105COP0							
MIDDLE NAME	MATONDO							
25. MOTHER'S MAIDEN NAME								
SURNAME	VARPON							
FIRST NAME	MERCEDES			(0				
MIDDLE NAME III. EDUCATIONAL BACKG	GALONIA			(00	ntinue on sep	parate sheet if neces	sary)	
						TOT LEVEL		SCHOLAR
26. LEVEL	NAME OF SCHOOL (Write in full)	BASIC EDUCATION/DEGR (Write in full)		PERIOD OF A	ATTENDANCE To	HIGHEST LEVEL/ UNITS EARNED (if not graduated)	YEAR GRADUATED	ACADEM
ELEMENTARY	STA CRUZ ELEMENTI SCHOOL	A Y		1970 -	- 176		1976	
SECONDARY	BAYBAY HIGH			1976 -			1980	
VOCATIONAL / TRADE COURSE	VISAYAS STATE COLL			£ 400d	6-100	,	mad	
COLLEGE	VISA 793 STATE COLLE	SEWING EGG			1000	3rd YF.		
GRADUATE STUDIES	OF AGRICULTURE	BS, DEV	CUPIL	1985 -	1900	105 UNIT	S	
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	ERVICE ELIGI							-
	SPECIAL LAV	080 (BOARD/ BAR) UNDER VS/ CES/ CSEE	RATING (If Applicable)	DATE OF EXAMINATION /	PLACE OF EXAMINA	TION / CONFERMENT	LICENSE (if a	Date of
BAH	KANGAY ELIGIBILI	TY / DRIVER'S LICENSE	en to a make all the	CONFERMENT	racial net protessate con	SECOLOGICA CON	NOWIDEN	Validity
				Brigg A TOR CO		San Maria	21161 - 1010	1000
Dominion Services					N	A	and the second of the second o	
	NA							
					Control or the state of the sta			
				-				
				Security Add to test				
	XPERIENCE	it Start from your recent		ntinue on separate sheet	tif necessary) indicated in the attached	Work Experience	a chaaf	
28. INCLU	ISIVE DATES m/dd/yyyy)	POSITION T			ENCY / OFFICE / COMPANY	MONTHLY SALA	RY/JOB/PAY GRADE (if STATUS OF	GOVT
From	То	(Write in full/Do not	abbreviate)		II/Do not abbreviate)	SALARY (For	mat '00-0") CREMENT APPOINTMENT	SERVICE (Y/ N)
6-21-01	2-2008	JOB ODDER		OF AGE	STATE COULEG STATE COULEG CULTURE	4,000	Job Order	
2-2009	1- 2022	CASUAL		OF AGE	curing E	11,000	CASURL	765
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per many	3861				96 cou.866	-000 VAS 614T	230 231v	
	860	27 625 AB	856-0	SOUMS!	3031003	JAMES SE	451A 1 30	
		INVESTIBLE	Chill Wall	5, 884,0	G 3-40st	KOBICIN	30	
6			Description of the last transfer of the last transf	ontinue on separate shee				
SIGNA	ATURE	All All	Camtic	74/	DATE	1-	4-2022	RVIDIZ

,					
VI. VOI. UNTARY WORK OR INVOLVEMENT IN CIVIC / NON-GOVERNMENT /	PEOPLE / VO		RGANIZATIO	N/S	
29. NAME & ADDRESS OF ORGANIZATION (Write in full)		d/yyyy)	NUMBER OF HOURS		POSITION / NATURE OF WORK
LAHUG WOMEN'S OPGANIZATION		2-2011	ohr.	1 Wask	MEMBER
01/01/01	PACE	1 200	4 . 58. 25		
SITIO PID DOS CHAPEL YEGSIDENT	9- 3014	01)	1010	week	* PRESIDENT
	B	Com	De		
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1					
VII. LEARNING AND DEVELOPMENT (L&D) INTERVENTIONS/TRAINING PI (Start from the most recent L&D training program and include only the relevant L&D training taken for the	ntinue on separate ROGRAMS AT the last five (5) years	TENDED			
30. TITLE OF LEARNING AND DEVELOPMENT INTERVENTIONS/TRAINING PROGRAMS	INCLUSIVE	E DATES OF	/Executive Manag	Type of LD	
(Write in full)		NDANCE (d/yyyy)	NUMBER OF HOURS	(Managerial/ Supervisory/ Technical/etc)	CONDUCTED/ SPONSORED BY (Write in full)
Seminar on Fire Prevention	3-30-12	3-30-	12 8hs		Fin D 1 Mars
Iraining on basic ICT skills	5-7-09		1		Fire Dept. VSU
Training on Wateshop for the	0 1 0 0	13-8-6	9 16hr	2	Comp. Sci. Vept. VSU
	4-25-0	84-260	8 16h	75	Dapt. of SPMD YOU
7					100 100 100
			1		
				Sa. M	
1000 100 100 100 100 100 100 100 100 10					
(Con	tinue on separate s	sheet if necessary)		17.	
VIII. OTHER INFORMATION					
31. SPECIAL SKILLS and HOBBIES 32. NON-	ACADEMIC DISTIN (Write	ICTIONS / RECOGN in full)	NITION		33. MEMBERSHIP IN ASSOCIATION/ORGANIZATION (Write in full)
Table Setting					
Lewing					
Table Batting Severing Lawn Manicuring					
y					,
(Con	ntinue on separate :	sheet if necessary)		
Hea	ntie				1-4-2022

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 ☑ NO			
	b. within the fourth degree (for Local Government Unit - Caree	er Employees)?	☐ YES ☐ NO If YES, give details:			
35.	a. Have you ever been found guilty of any administrative offen	nse?	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 f dropped from the rolls, dismissal, termination, end of term, fin 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 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 calculation.	YES NO If YES, give details:				
39.	Have you acquired the status of an immigrant or permanent re	☐ YES NO If YES, give details (country):				
a. b.	Pursuant to: (a) Indigenous People's Act (RA 8371); (b) Magnand (c) Solo Parents Welfare Act of 2000 (RA 8972), please a Are you a member of any indigenous group? Are you a person with disability? 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		TEL. NO.	9		
	NAME AND SO	ADDRESS	C9 264064309			
A	Trah Mae Godon	Hiburauon Baybay	09Nole210877 E145			
42	I declare under oath that I have personally accomplished complete statement pursuant to the provisions of pertin Philippines. I authorize the agency head/authorized represe agree that any misrepresentation made in this docu administrative/criminal case/s against me.	nent laws, rules and regulations of the contents sta	ted herein.	PHOTO		
	Government Issued ID (i.e.Passport, GSIS, SSS, PRC, Driver's License, etc.) PLEASE INDICATE ID Number and Date of Issuance Government Issued ID:	Scanitri				
	ID/License/Passport No.:	e box)				
	Date/Place of Issuance:		Right Thumbmark			
	SUBSCRIBED AND SWORN to before me this	8 FEB 2022 , affiant exh	ibiting his/her validly issued government	ID as indicated above.		
	• • • • • • • • • • • • • • • • • • • •	Person Administering O	ath			

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