CS Form No. 212 Revised 2017

PERSONAL DATA SHEET

int legibly. Tick appropriate box	E TO FILLING OUT THE PERSONAL DATA Sets (and use separate sheet if necessary. Indicates	te N/A if not applicable. DO NOT	ABBREVIATE.		1. CS ID N	0.	(Do not fill up.	For CSC use
PERSONAL INFORMATI	ON							
2. SURNAME	CAINTIC							
FIRST NAME	LENITA					NAME EXTENSION ((JR., SR)	
MIDDLE NAME	LAPASANDA							
DATE OF BIRTH (mm/dd/yyyy)	11/21/1963	16. CITIZENSHIP		Øf∈	lipino	Dual Citizenshi	ip by natura	lization
PLACE OF BIRTH	BAYBAY LEYTE	If holder of dual citiz		The same of the same of		Pls. indicate		
SEX	Male Female	please indicate the	details.					•
CIVIL STATUS	Single Married Widowed Separated Other/s: also done Since			use/Block/Lot			Street	
HEIGHT (m)	5' 1''			ubdivision/Villa		ha- C'i	1	tai Ci
WEIGHT (kg)	Lakes	ZIP CODE	1 .		ty Bay	day City	Province L	dyte
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SSS NO.		19. TELEPHONE NO.	430					
TIN NO.	022 - 424 - 128	20. MOBILE NO.	0997	8493	2 4 3 4			
AGENCY EMPLOYEE NO.	V-00584	21. E-MAIL ADDRESS (if any)	1				-	
FAMILY BACKGROUND			Jorpa	Dans	ig it	nita D.	yanac i	can
			23. NAME of CH					
		NAME EXTENSION (JR., SR)	23. NAME of CH	HILDREN (Wr	ite full name ar	nd list all)	DATE OF BIRT	TH (mm/dd/yyy
SPOUSE'S SURNAME		NAME EXTENSION (JR., SR)	Gayle	HILDREN (Wr	ite full name ar	nd list all)	DATE OF BIRT	TH (mm/dd/yyy
		NAME EXTENSION (JR., SR)	Gayle	HILDREN (Wr	Caint	nd list all)	11-18 3-12	TH (mm/dd/yyy - 1990 - 1994
SPOUSE'S SURNAME FIRST NAME MIDDLE NAME OCCUPATION		NAME EXTENSION (JR., SR)	Gayle Grace Glyza	HILDREN (Wr	Caint Caint Caint	nd list all)	DATE OF BIRT	TH (mm/dd/yyy - 1990 - 1994 - 1996
SPOUSE'S SURNAME FIRST NAME MIDDLE NAME OCCUPATION EMPLOYER/BUSINESS NAME		NAME EXTENSION (JR., SR)	Gayle Grace Glyza Glenn	HILDREN (WITCH LINE) Li Paulo	Caint Caint Caint	ric Fic Fic Lic Cambro	11-18 3-12 10-10	- 1996 - 1996 - 1996 - 1996
SPOUSE'S SURNAME FIRST NAME MIDDLE NAME OCCUPATION EMPLOYER/BUSINESS NAME BUSINESS ADDRESS		NAME EXTENSION (JR., SR)	Gayle Grace Glyza Glenn	HILDREN (Wr	Caint Caint Caint	nd list all)	11-18 3-12 10-10	14 (mm/dd/yyy - 1990 - 1994 - 1996 - 1999
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SPOUSE'S SURNAME FIRST NAME MIDDLE NAME OCCUPATION EMPLOYER/BUSINESS NAME BUSINESS ADDRESS TELEPHONE NO. FATHER'S SURNAME FIRST NAME	LAPPOSANDA P106CORO		Gayle Grace Glyza Glenn	HILDREN (WITCH LINE) Li Paulo	Caint Caint Caint	ric Fic Fic Lic Cambro	11-18 3-12 10-10	14 (mm/dd/yyy - 1990 - 1994 - 1996 - 1999
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	SERVICE ELIG		RD/ BAR) UNDER		DATE OF				LICENSE (if a	applicable
	SPECIAL LA BARANGAY ELIGIBIL	WS/ CES/ C	CSEE	RATING (If Applicable)	EXAMINATION / CONFERMENT	PLACE OF EXAMIN	ATION / CONFER	RMENT	NUMBER	Date o

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	EXPERIENCE									
INC	LUSIVE DATES	nt. Start	POSITION			pe indicated in the attacl		SALARY/ JOB/ PAY GRADE (if		GOV'T
From	mm/dd/yyyy) To		(Write in full/Do no			ENCY / OFFICE / COMPANY I/Do not abbreviate)	MONTHLY SALARY	applicable)& STEP (Format *00-0*)/ INCREMENT	STATUS OF APPOINTMENT	SERVIC (Y/N)
-2017	Present	Gue	ethouse	Caretoker	Visavas S	tate University	10,000,00	工	Carral	Yes
-2001	4-2017	Gue	strause	Caretaker Caretaker	Visagas S	tale University	1	4.5		
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I. VOLUNTARY WORK OR INVOLVEMENT IN CIVIC N-GOVERNME	NT/PEOPLE/\		DRGANIZAT.	ۇ .	
NAME & ADDRESS OF ORGANIZATION (Write in full)		SIVE DATES (/dd/yyyy) To	NUMBER OF HOURS		POSITION / NATURE OF WORK
Lahung Women's Organization Sifio Rio dos (chapel Pusieud) Lahung, Cabre City	1-2016	2-2017	2/mo 3 yrs	Men Pae	iber sident
LEARNING AND DEVELOPMENT (L&D) INTERVENTIONS/TRAINING	Continue on separate PROGRAMS A	sheet if necessary,			
t from the most recent L&D/training program and include only the relevant L&D/training taken TITLE OF LEARNING AND DEVELOPMENT INTERVENTIONS/TRAINING PROGRAMS	INCLUSIV ATTE	E DATES OF NDANCE		Type of LD (Managerial/	CONDUCTED/ SPONSORED BY
(Write in full)	(mm/	dd/yyyy) To	NUMBER OF HOURS	Supervisory/ Technical/etc)	(Write in full)
Seminar on Fire Preuntion	3/30/12	3/30/12	8		Fire Dept. KSU Booxboox
raining on Basic ICT skills	5/7/09	5/8/09	16		Conqueter Science Depo
Janny Waldrop for the SPMO	4/25/08	4/26/08	16	0.60	Supply Dagestment
Training on Breechive Customer	Jack.	12/2/201	18	Professional Control	164 boutsay Cot
Francisco Espective Custamer	2/25/201	7/25/201	7	196 10 10 10	Cagislathe Blog, Bay
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	A landy est	OBJECT STREET	SOLD CONTRA	A CT / AT A	A SEIGN CARDIN DE LA PARENTE
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OTHER INFORMATION					
SPECIAL SKILLS and HOBBIES 32.	ON-ACADEMIC DISTIN (Write	ICTIONS / RECOGN e in full)	IITION		33. MEMBERSHIP IN ASSOCIATION/ORGANIZATION (Write in full)
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SIGNATURE SCALLET		DATE	6-5	28 - 8	CS FORM 212 (Revised 2017), Page 3 df

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34.	Are you related by consanguinity or affinity to the a chief of bureau or office or to the person who has immediate Bureau or Department where you will be apppointed,		
	a. within the third degree? b. within the fourth degree (for Local Government Unit - Care	eer Employees)?	YES NO YES NO If YES, give details:
35.	a. Have you ever been found guilty of any administrative offer	ense?	YES NO If YES, give details:
la de	b. Have you been criminally charged before any court?		If YES, give details: Date Filed: Status of Case/s:
36.	Have you ever been convicted of any crime or violation of ar any court or tribunal?	ny law, decree, ordinance or regulation by	YES NO If YES, give details:
37.	Have you ever been separated from the service in any of the retirement, dropped from the rolls, dismissal, termination, er (abolition) in the public or private sector?	e following modes: resignation, ad of term, finished contract or phased out	YES NO If YES, give details:
38.	a. Have you ever been a candidate in a national or local election)?	ction held within the last year (except	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		☐ YES ☐ NO If YES, give details:
39.	Have you acquired the status of an immigrant or permanent	resident of another country?	If YES NO If YES, give details (country):
40.	Pursuant to: (a) Indigenous People's Act (RA 8371); (b) Mag		
a.	7277); and (c) Solo Parents Welfare Act of 2000 (RA 8972), Are you a member of any indigenous group?	please answer the following items:	☐ YES ☐ NO
			If YES, please specify:
b.	Are you a person with disability?		If YES NO
C.	Are you a solo parent?		If YES, please specify ID No: hold yet
41.	REFERENCES (Person not related by consanguinity or affinity to applicant /	appointee)	
	NAME	ADDRESS	TEL. NO.
1	15. Risal Journia	Bray, Guadalue Books	
1	16. Alicia Flores	Bray. Guardaluge Baylon	()
1	17. Suandro Laco	Baybay City Layte	
42.		rules and regulations of the Republic of verify/validate the contents stated herein	the Philippines. I I agree that any
	Government Issued ID (i.e. Passport, GSIS, SSS, PRC, Driver's License, etc.) PLEASE INDICATE ID Number and Date of Issuance		
0	Sovernment Issued ID: WMID -006 - 0096 - 1162 - 7	Deanti	
	D/License/Passport No.:	Signature (Sign inside the both $4-28-201$)	10,000,000,000
	Date/Place of Issuance: 2005 Cebu City	Defended in the complished	Right Thumbmark
	SUBSCRIBED AND SWORN to before me this	, affiant exhibit	ting his/her validly issued government ID as indicated above.
		MI	
		ATTY byland	
1		VSULEGAL AFRICER Oath	
		J. W.	

Person Administering Oath

WORK EXPERIENCE SHEET

nstructions:	1.	Includes of	only t	he work	experiences	relevant i	to the	position	being applied to).
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2. The duration should include start and fiish dates, if known, month in abbreviation form, if known,

and year in full. For the current position, use the word Present, e.g., 1998-Pr	resent. Work
experience should be listed from most recent first.	
Position Applied: Stocks in char	ge, Food sever at night
• Duration: \\ \Doril 10, 2017 -	- Prosent
- the first state of the state	Food Server at night
	or , Baybay City
	arrasa
Name of Agency/Organization and Location: V6U, Gusshouse	, Baybay, City
 List of Accomplishments and Contributions (if any) 	
•	
0	
• Summary of Actual Duties o stockes in -charge from 8:00 am to food beven during dinner.	5:00 pm and Voluntee
Duration: Position: Name of Office/Unit: Immediate Supervisor: Name of Agency/Organization and Location: List of Accomplishments and Contributions (if any) June, 2001 – Ill Cabu Office/Unit: VSU Cabu Office/Unit:	Mor. 2017 Cafetalériter 2 Cabu City- nda ice, Cebu City
•	
•	
Signature of	
Date:	- 28 - 301 <u>8</u>