

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	LENITA	NAME EXTENSION (JR., SR)	
MIDDLE NAME	LAPASANDA		
3. DATE OF BIRTH (mm/dd/yyyy)	11-21-1963	16. CITIZENSHIP	<input checked="" type="checkbox"/> Filipino <input type="checkbox"/> Dual Citizenship <input type="checkbox"/> by birth <input type="checkbox"/> by naturalization Pls. indicate country:
4. PLACE OF BIRTH	BAYBAY, LEBTE	If holder of dual citizenship, please indicate the details.	
5. SEX	<input type="checkbox"/> Male <input checked="" type="checkbox"/> Female		
6. CIVIL STATUS	<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Separated <input type="checkbox"/> Other/s: abandoned 2005	17. RESIDENTIAL ADDRESS	House/Block/Lot No. Street Subdivision/Village Barangay BAYBAY CITY LEBTE City/Municipality Province
7. HEIGHT (m)	5'11"	ZIP CODE	
8. WEIGHT (kg)	59 Kgs		
9. BLOOD TYPE	B+	18. PERMANENT ADDRESS	House/Block/Lot No. Street Subdivision/Village Barangay BAYBAY CITY LEBTE City/Municipality Province
10. GSIS ID NO.	02003629540	ZIP CODE	6521
11. PAG-IBIG ID NO.	1211-2568-1068	19. TELEPHONE NO.	NONE
12. PHILHEALTH NO.		20. MOBILE NO.	09959581559
13. SSS NO.		21. E-MAIL ADDRESS (if any)	
14. TIN NO.	922-434-128		
15. AGENCY EMPLOYEE NO.	V00-584		

II. FAMILY BACKGROUND

22. SPOUSE'S SURNAME	NAME EXTENSION (JR., SR)		23. NAME of CHILDREN (Write full name and list all)	DATE OF BIRTH (mm/dd/yyyy)
FIRST NAME			Gayle L. Caintic	11-18-1990
MIDDLE NAME			Grace L. Caintic	3-12-1994
OCCUPATION			Glyza L. Caintic	10-10-1996
EMPLOYER/BUSINESS NAME			Glenn Paulo L. Caintic	4-1-1999
BUSINESS ADDRESS			Grian Adel L. Caintic	8-12-2004
TELEPHONE NO.				
24. FATHER'S SURNAME	NAME EXTENSION (JR., SR)			
FIRST NAME	DIOSCORO		SR.	
MIDDLE NAME	LAPASANDA			
25. MOTHER'S MAIDEN NAME				
SURNAME	VARRON			
FIRST NAME	MERCEDES			
MIDDLE NAME	GALONIA			

(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	Sta. Cruz Elementary School		1970	- '76		1976	
SECONDARY	Baybay High School		1976	- 80			
VOCATIONAL / TRADE COURSE		SEWING	5-1991				
COLLEGE	VISAYAS STATE COLLEGE OF AGRICULTURE	BSDev. Com.	6-1985	- 1988	105 UNITS		
GRADUATE STUDIES							

(Continue on separate sheet if necessary)

SIGNATURE	Alcaminic	DATE	7-7-2020
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IV. CIVIL SERVICE ELIGIBILITY					
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
	NA			NA	

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	<i>[Signature]</i>	DATE	7-7-2020
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29.	NAME & ADDRESS OF ORGANIZATION (Write in full)	INCLUSIVE DATES (mm/dd/yyyy)		NUMBER OF HOURS	POSITION / NATURE OF WORK
		From	To		
	LAHUG WOMEN'S ORGANIZATION	1-1-16	2-2017	2/wk	MEMBER
	SITIO RIO DOS CHAPEL PRESIDENT	5-2014	2-2017	3 YRS	PRESIDENT
	(LAHUG CEBU)				

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

[illegible]

VIII. OTHER INFORMATION

31. SPECIAL SKILLS and HOBBIES	32. NON-ACADEMIC DISTINCTIONS / RECOGNITION (Write in full)	33. MEMBERSHIP IN ASSOCIATION/ORGANIZATION (Write in full)
COOKING, FOOD		
SERVING, TABLE		
SETTING, GARDENING	N/A	N/A

SIGNATURE	<i>JJ Canitri</i>	DATE	7-7-2020
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<p>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,</p> <p>a. within the third degree?</p> <p>b. within the fourth degree (for Local Government Unit - Career Employees)?</p>	<p><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>If YES, give details: _____</p>												
<p>35. a. Have you ever been found guilty of any administrative offense?</p> <p>b. Have you been criminally charged before any court?</p>	<p><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>If YES, give details: _____</p> <p><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>If YES, give details: _____</p> <p>Date Filed: _____</p> <p>Status of Case/s: _____</p>												
<p>36. Have you ever been convicted of any crime or violation of any law, decree, ordinance or regulation by any court or tribunal?</p>	<p><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>If YES, give details: _____</p>												
<p>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?</p>	<p><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>If YES, give details: _____</p>												
<p>38. a. Have you ever been a candidate in a national or local election held within the last year (except Barangay election)?</p> <p>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?</p>	<p><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>If YES, give details: _____</p> <p><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>If YES, give details: _____</p>												
<p>39. Have you acquired the status of an immigrant or permanent resident of another country?</p>	<p><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>If YES, give details (country): _____</p>												
<p>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:</p> <p>a. Are you a member of any indigenous group?</p> <p>b. Are you a person with disability?</p> <p>c. Are you a solo parent?</p>	<p><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>If YES, please specify: _____</p> <p><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>If YES, please specify ID No: _____</p> <p><input checked="" type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>If YES, please specify ID No: _____</p>												
<p>41. REFERENCES (Person not related by consanguinity or affinity to applicant /appointee)</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 35%;">NAME</th> <th style="width: 35%;">ADDRESS</th> <th style="width: 30%;">TEL. NO.</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> </tbody> </table>		NAME	ADDRESS	TEL. NO.									
NAME	ADDRESS	TEL. NO.											
<p>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.</p>													
<p>Government Issued ID (i.e. Passport, GSIS, SSS, PRC, Driver's License, etc.)</p> <p>PLEASE INDICATE ID Number and Date of Issuance</p> <p>Government Issued ID: _____</p> <p>ID/License/Passport No.: _____</p> <p>Date/Place of Issuance: _____</p>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="height: 40px; vertical-align: bottom;">Signature (Sign inside the box)</td> </tr> <tr> <td style="height: 20px; vertical-align: bottom;">Date Accomplished</td> </tr> </table>	Signature (Sign inside the box)	Date Accomplished										
Signature (Sign inside the box)													
Date Accomplished													
<p>SUBSCRIBED AND SWORN to before me this _____, affiant exhibiting his/her validly issued government ID as indicated above.</p> <div style="border: 1px solid black; width: 200px; margin: 10px auto; padding: 5px; text-align: center;"> <p>Person Administering Oath</p> </div>													