CS Form No. 212									
Revised 2017	PERSON	NAL DAT	A SH	EET					
	tion made in the Personal Data Sheet and the V	Nork Experience Sheet sha	II cause the fili	ng of admi	nistrative/o	criminal case/s ag	gainst the pe	rson	
	TO FILLING OUT THE PERSONAL DATA SHEE								
Print legibly. Tick approp	te boxes () and use separate sh	neet if necessary. Indi	cate N/A if	not app 1.	CS ID	(Do not	fill up. For	CSC use only)	
I. PERSONAL INFORMATI									
2. SURNAME	MANACPO						20)		
FIRST NAME	LINA				NA	ME EXTENSION (JR.,	SR)		
MTDDLE NAME	LAUZON								
3. DATE OF BIRTH	OF BIRTH 09/13/1977 16. CITIZENSIIIP ☐ Filipino ☐ Dual Citizenship				A. T.				
(mm/dd/yyyy)						☑ by birth ☐	y naturalization		
4. PLACE OF BIRTH	DULAG, LEYTE	If holder of dual citi	zenship, Pls. indica			Pls. indica	te country	:	
5. SEX	☐ Male ☑ Female	please indicate the	letails.					~	
6 CIVIL STATUS	☑ Single ☐ Married	17. RESIDENTIAL ADDRESS					Committee		
O CIVIL OMICO	☐ Widowed ☐ Separated			ONE 1).		Street CARIDAD		
	Other/s:			sion/Villas MAYBAY	ge		Barangay LEYTE		
7. HEIGHT (m)	1.59			unicipalit	y		Province		
8. WEIGHT (kg)	63. 0	Z1P CODE	6	521					
9. BLOOD TYPE	A	18. PERMANENT ADDRESS	House/B	lock/Lot N	0.		Street		
10. GS1S 1D NO.	N/A			ZONE 2 sion/Villa	g e		SALVACTON Barangay		
11. PAG-IBIG ID NO.	N/A		ı	DULAG		1	LEYTE		
		are cons	City/k	unicipalit 6505	У		Province		
12. PHILHEALTH NO.	N/A	ZIP CODE		0000					
13. SSS NO.		19. TELEPHONE NO.				N/A			
14. TIN NO.	476-844-517-000	20. MOBILE NO.	+639975044048						
15. AGENCY EMPLOYEE NO.	N/A	21. E-MAIL ADDRESS (if a			wimbie	l53@gmail.co	m		
II. FAMILY BACKGROU	UND								
22. SPOUSE'S SURNAME	N/A		23. NAME of C	IIILDREN (Write full	name and list	DATE OF BIR	TH (mm/dd/yyyy)	
FIRST NAME				N	/A			N/A	
MIDDLE NAME									
OCCUPATION									
EMPLOYER/BUSINESS NAME									
BUSINESS ADDRESS									
TELEPHONE NO.									
24. FATHER'S SURNAME	MANACPO								
FIRST NAME	BONIFACIO	NAME EXTENSION (JR., SR)							
MIDDLE NAME	CINCO								
25. MOTHER'S MAIDEN NAME									
SURNAME	LAUZON								
FIRST NAME	FLORENCIA								
MIDDLE NAME	SUMAYOD			(Conti	nuc on sc	parate sheet if	necessary)		
III. EDUCATIONAL B									
26.	NAME OF SCHOOL	BASIC EDUCATION/DEGI	SEE (COIDED	PERTOD OF	ATTENDANCE	HIGHEST LEVEL/	YEAR	SCHOLARSHIP/	
LEVEL	(Write in full)	(Write in fu				UNITS EARNED (if not graduated)	GRADUATED	ACADEMIC HONORS RECEIVED	
DI DADAFFADA	CUADALLIDE DI PRIPATA DV. COVICO	DDTMADW		From	To 1001	N/A	4004	CALLITATORIA	
ELEMENTARY	GUADALUPE ELEMENTARY SCHOOL	PRIMARY		1985	1991	N/A	1991	SALUTATORIAN	
SECONDARY	EXPERIMENTAL RURAL HIGH SCHOOL	SECONDARY		1991	1995	N/A	1995	N/A	
VOCATIONAL / TRADE COURSE	N/A	N/A		N/A	N/A	N/A	N/A	N/A	
COLLEGE	VISAYAS STATE COLLEGE OF AGRICULTURE	BACHELOR OF SCIENCE IN AGRICULTURE MAJOR IN PLANT PROTECTION (Weed Science)		1995	1999	N/A	1999	Weed Science Socie of the Phil. (WSSP) Scholar	
GRADUATE STUDIES	LEYTE STATE UNIVERSITY	MASTER OF SCIENCE PROTECTION)N	2000	2002	21 units	N/A	N/A	
		tinue on separate sheet	if necessary)		TE		07 (07 (77		
SIGNATURE	The	wind		DA	TE		07/25/2024		

		ELIGIBILITY 80 (BOARD/ BAR) UNDER	DATING	DATE OF				LICENSE (If ap	plicable
	SPECIAL LAWS		RATING (If Applicable)	EXAMINATION / CONFERMENT	PLACE OF EXAMINAT	ION / CONFER	MENT	NUMBER	Date of Validit
	N/A		N/A	N/A	N/A			N/A	N/A
	2								
								ı	
	EXPERIENCE rivate empl			e on separate shee work) Descript	t if necessary)	d be indic	eated in t	he attached	Work E
. INCLUS	SIVE DATES dd/yyyy) To	POSITION 1 (Write in full/Do n	TITLE	DEPARTMENT / AGE	ENCY / OFFICE / COMPANY 1/Do not abbreviate)	MONTHLY SALARY	SALARY/ JOB/ PAY GRADE (if applicable)& STEP (Format "00-0")/ INCREMENT	STATUS OF APPOINTMENT	GOV'T SERVIC (Y/ N)
	11/30/2023	BARANGAY CO	UNCILOR		NMENT UNIT, BRGY.	*******	N/A	APPOINTED	Y
	02/28/2017	RESEARCH AS		PHILROOTCROPS I	AYBAY CITY, LEYTE RESEARCH AND TRAINING	*******	N/A	JOB ORDER	N
	11/30/2010	BARANGAY CO		LOCAL GOVER	CENTER NMENT UNIT, BRGY.	**********	N/A	ELECTED	Y
	10/26/200	RESEARCH		PHILROOTCROPS 1	N, DULAG, LEYTE RESEARCH AND TRAINING CENTER	*********	N/A	JOB ORDER	N
	2 05/31/200 2	GRADUATE TEACHI	NG ASSISTANT		OF PLANT PROTECTION	************	N/A	PART-TIME	N
SIGN	ATURE	7	Contin	ue on senarate she	pet if pecessary) DATE		07/25/2024	212 (Kevised 201	7) Burn 1

29. NAME & ADDRESS OF	ORGANIZATION	INCLUSI	VE DATES	NUMBER OF HOURS	iziti toto o	DOCUMENT ANTIQUE ON WORK
(Write in	full)	From	To	NUMBER OF BOOKS		POSITION / NATURE OF WORK
N/A		N/A	N/A	N/A		N/A
			<u> </u>			
			shoot if noce			
II. LEARNING AND DEVELOPMENT Start from the most recent L&D/training p						
80. TITLE OF LEARNING AND DEVELOPMENT (Write in		ATTE	E DATES OF NDANCE d/yyyy)	NUMBER OF HOURS	Type of LD (Managerial/ Supervisory/ Technical/etc)	CONDUCTED/ SPONSORED BY (Write in full)
8th Joint ViCAARP and RRDEN Regional	Research, Development and	From	To 12/08/2016	16.0	Technical	Office of the Vice President for
xtension Symposium ntensive Training on Rootcrop and Roo	otcrop-Based Animal Production	-	11/11/2016	24. 0	Technical	Research and Extension (OVPRE), Philippine Root Crop Research and
nterprise IAT-DABAR National Workshop on Invas	ive Pests and Diseases of		03/17/2016	32.0	Technical	Training Center, Visayas State Philippine Root Crop Research and
Cassava		03/14/2010	03/11/2010	32.0	recimicar	Training Center, Visayas State
			 			
			-			
			-			
			-			

	(Continu	e on separate	sheet if nece	ssary)		
VIII. OTHER INFORMATION						
31. SPECIAL SKILLS and HOBBIES	32. NON-/		NCTIONS / RECO	GNITION		33. MEMBERSHIP IN ASSOCIATION/ORGANIZATIO (Write in full)
BAKING CAKES AND PASTRIES	N/A					N/A
COOKING						
BALLROOM DANCING				***************************************		
SIGNATURE	(Continu	on separate	sheet if nece		ATE	07/25/2024
DIGITORE	1 min	Y		J	iiib	CS FORM 212 (Revised 2017), Page 3 of

	Are you related by consanguinity or affinity chief of bureau or office or to the person we Bureau or Department where you will be appropriately the third department?	□ VES □	ē NO				
	a. within the third degree?	YES ☑ NO					
	b. within the fourth degree (for Local Gover	☐ YES ☑ If YES, giv					
			11 125, giv	ve details.			
35.	a. Have you ever been found guilty of any ac	☐ YES 🔽	NO				
		If YES, giv					
			☐ YES [▼ NO			
	b. Have you been criminally charged before a	any court?	If YES, giv				
			Filed:				
			atus of Case/s:				
36.	Have you ever been convicted of any crime or	r violation of any law,	☐ YES	☑ NO			
	decree, ordinance or regulation by any cour	If YES, giv	ve details:				
37.	Have you ever been separated from the service	ce in any of the following	☐ YES	☑ NO			
	modes: resignation, retirement, dropped from termination, end of term, finished contract		If YES, giv	ve details:			
00	a. Have you ever been a candidate in a nation						
38.	a. Have you ever been a candidate in a nation within the last year (except Barangay elect		☐ YES ES, give detail:	☑ NO			
		. 1					
	b. Have you resigned from the government semonth period before the last election to pro-		☐ YES ☑ NO ES, give details:				
	Have you acquired the status of an immigr						
39.	another country?	ant of permanent resident of	☐ YES	☑ NO ve details (country):			
				ve details (country).			
40.	Pursuant to: (a) Indigenous People's Act (R Disabled Persons (RA 7277); and (c) Solo Pa						
a	Are you a member of any indigenous group?		☐ YES	✓ NO			
			If YES, please				
b	Are you a person with disability?		☐ YES If YES, please	✓ NO specify ID No:			
С	Are you a solo parent?		☐ YES ☑ NO				
			If YES, please	specify ID <u>No:</u>			
41.	REFERENCES (Person not related by consanguinity or af	Tinity to applicant /appointee)					
	NAME	ADDRESS	TEL. NO.				
	DR. ERLINDA A. VASQUEZ						
	DD 110/ O FMNIAGE						
	DR. IVY C. EMNACE	VSU, Visca, Baybay City, Leyte	09659480191				
	MS. DORYN JAN L. AVILA	VSU, Visca, Baybay City, Leyte	09306479167				
42.	I declare under oath that I have personal which is a true, correct and complete spertinent laws, rules and regulations cauthorize the agency head/authorized representated herein. I agree that any	statement pursuant to the proof the Republic of the Phi	rovisions of lippines. I the contents	MANACPO, LINA L.			
	overnment Issued ID (i.c.Passport, GSIS, SSS, PRC,						
	overnment Issued HDRIVER'S LICENSE	1		Maria State			
1		send.					
1	D/License/Passport H12-23000963	Signature (Sign K hside t	he box)	a see of the position.			
Da	ate/Place of Tssuar03-14-2023/BAYBAY CITY, LEYTE	Date Accomplished		Right Thumbmark			
efor	e me this		, affiant exhibit	ing his/her validly issued govern			
		Oath					
	L	Person Administering					
				CS FORM 212 (Revised 2017) Page A of			