

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	COMPENDIO		
FIRST NAME	LYNDON	NAME EXTENSION (JR., SR) JR	
MIDDLE NAME	SAGA		
3. DATE OF BIRTH (mm/dd/yyyy)	10/31/1999	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 CITY, LEYTE	If holder of dual citizenship, please indicate the details.	
5. SEX	<input checked="" type="checkbox"/> Male <input type="checkbox"/> Female		
6 CIVIL STATUS	<input checked="" type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Separated <input type="checkbox"/> Other/s:		
7. HEIGHT (m)	1.7	17. RESIDENTIAL ADDRESS	House/Block/Lot No. Street GAKAT
8. WEIGHT (kg)	52	ZIP CODE	Subdivision/Village Barangay BAYBAY LEYTE
9. BLOOD TYPE	N/A		City/Municipality Province 6521
10. GSIS ID NO.	N/A		
11. PAG-IBIG ID NO.	N/A		
12. PHILHEALTH NO.	13-025628666-2	18. PERMANENT ADDRESS	House/Block/Lot No. Street GAKAT
13. SSS NO.	06-4627252-2	ZIP CODE	Subdivision/Village Barangay BAYBAY LEYTE
14. TIN NO.	623-460-034-00000		City/Municipality Province 6521
15. AGENCY EMPLOYEE NO.	N/A		
16. CITIZENSHIP			
17. RESIDENTIAL ADDRESS		19. TELEPHONE NO.	N/A
18. PERMANENT ADDRESS		20. MOBILE NO.	(+63) 938 008 1980
19. TELEPHONE NO.		21. E-MAIL ADDRESS (if any)	Lscompendio31@gmail.com

II. FAMILY BACKGROUND

22. SPOUSE'S SURNAME	N/A		23. NAME of CHILDREN (Write full name and list all)	DATE OF BIRTH (mm/dd/yyyy)
FIRST NAME		NAME EXTENSION (JR., SR)	N/A	
MIDDLE NAME				
OCCUPATION				
EMPLOYER/BUSINESS NAME				
BUSINESS ADDRESS				
TELEPHONE NO.				
24. FATHER'S SURNAME	COMPENDIO			
FIRST NAME	LYNDON	NAME EXTENSION (JR., SR) SR		
MIDDLE NAME	ORTEGA			
25. MOTHER'S MAIDEN NAME				
SURNAME	SAGA			
FIRST NAME	PAULA			
MIDDLE NAME	QUISEL		(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	BAYBAY NORTH CENTRAL SCHOOL	PRIMARY GRADE	2006	20012	N/A	2012	Extracurricular award
SECONDARY	BAYBAY NATIONAL HIGH SCHOOL	HIGHSCHOOL	20013	2016	N/A	2016	N/A
VOCATIONAL / TRADE COURSE	Eze LoGeek	ADVANCE COMPUTER LITERACY PROGRAM	Sept. 14, 2014	Oct. 14, 2014	N/A	OCTOBER 2014	N/A
SENIOR GRADE	BAYBAY CITY SENIOR HIGH SCHOOL	SCIENCE, TECHNOLOGY, ENGINEERING, & MATHEMATICS (STEM)	2016	2018	N/A	2018	With honors
COLLEGE	VISAYAS STATE UNIVERSITY	BACHELOR OF SCIENCE IN AGRICULTURE MAJOR IN ANIMAL SCIENCE	2018	2022	N/A	2022	N/A

(Continue on separate sheet if necessary)

SIGNATURE		DATE	November 22, 2024	CS FORM 212 (Revised 2017), Page 1 of 4
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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 style="text-align: right;">Date Filed: _____</p> <p style="text-align: right;">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 type="checkbox"/> YES      <input checked="" 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%;">CEL. NO.</th> </tr> </thead> <tbody> <tr> <td>Dr. Manuel D. Gacutan Jr. PhD</td> <td>BAYBAY CITY, LEYTE</td> <td>0970-2926-437</td> </tr> <tr> <td>Ronel B. Geromo, MSc</td> <td>BAYBAY CITY, LEYTE</td> <td>0938-0073-808</td> </tr> <tr> <td>MA. Rosa De Lima G. Beato, MSc.</td> <td>BAYBAY CITY, LEYTE</td> <td></td> </tr> </tbody> </table>		NAME	ADDRESS	CEL. NO.	Dr. Manuel D. Gacutan Jr. PhD	BAYBAY CITY, LEYTE	0970-2926-437	Ronel B. Geromo, MSc	BAYBAY CITY, LEYTE	0938-0073-808	MA. Rosa De Lima G. Beato, MSc.	BAYBAY CITY, LEYTE	
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<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>													

Government Issued ID (i.e.Passport, GSIS, SSS, PRC, Driver's License, etc.)	
PLEASE INDICATE ID Number and Date of Issuance	
Government Issued ID:	PRC License
ID/License/Passport No.:	0040294
Date/Place of Issuance:	Ormoc City, Leyte

Signature (Sign inside the box)
Date Accomplished

LYNDON SAGA COMPENDIO JR.

PHOTO

Right Thumbmark

SUBSCRIBED AND SWORN to before me this \_\_\_\_\_, affiant exhibiting his/her validly issued government ID as indicated above.

Person Administering Oath