

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 (☐) ☐ 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	SAMUEL		NAME EXTENSION (JR., SR)
MIDDLE NAME	PIEDRAVERDE		
3. DATE OF BIRTH (mm/dd/yyyy)	MAY 31,1966	16. CITIZENSHIP If holder of dual citizenship, please indicate the details.	<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	MANILA CITY		
5. SEX	<input checked="" type="checkbox"/> Male <input type="checkbox"/> Female		
6 CIVIL STATUS	<input type="checkbox"/> Single <input type="checkbox"/> Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Separated <input type="checkbox"/> Other/s:	17. RESIDENTIAL ADDRESS ZIP CODE	<div>House/Block/Lot No. Street</div> <div>GABAS</div> <div>Subdivision/Village Barangay</div> <div>BAYBAY LEYTE</div> <div>City/Municipality Province</div> <div>6521</div>
7. HEIGHT (m)	165 cm		
8. WEIGHT (kg)	72.7 kg.		
9. BLOOD TYPE	O+		
10. GSIS ID NO.	02004719393		
11. PAG-IBIG ID NO.	1210-4660-3596	18. PERMANENT ADDRESS ZIP CODE	<div>House/Block/Lot No. Street</div> <div>GABAS</div> <div>Subdivision/Village Barangay</div> <div>BAYBAY LEYTE</div> <div>City/Municipality Province</div> <div>6521</div>
12. PHILHEALTH NO.	090500727151		
13. SSS NO.	0384633245		
14. TIN NO.	111723805	19. TELEPHONE NO.	
15. AGENCY EMPLOYEE NO.		20. MOBILE NO.	09685693771
		21. E-MAIL ADDRESS (if any)	

II. FAMILY BACKGROUND

22. SPOUSE'S SURNAME	DECEASED		23. NAME of CHILDREN (Write full name and list all)	DATE OF BIRTH (mm/dd/yyyy)
FIRST NAME		NAME EXTENSION (JR., SR)	SAMUEL JEH-JIREH L. CAINTIC	6/14/1987
MIDDLE NAME			SAMUEL JEREMY DAN L. CAINTIC	5/16/1990
OCCUPATION			SCZALI JEWESS FE L. CAINTIC	7/1/1999
EMPLOYER/BUSINESS NAME			SAMUEL JMILLE ELISE	9/11/2000
BUSINESS ADDRESS				
TELEPHONE NO.				
24. FATHER'S SURNAME	DECEASED			
FIRST NAME		NAME EXTENSION (JR., SR)		
MIDDLE NAME				
25. MOTHER'S MAIDEN NAME				
SURNAME	DECEASED			
FIRST NAME				
MIDDLE NAME			(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	F. BENITEZ ELEMENTARY SCHOOL II		6/6/1973	3/5/1979		1979	
SECONDARY	PIO DEL PILLAR EDUACTIONAL INSTITURE		6/7/1979	3/6/1983		1983	
VOCATIONAL / TRADE COURSE	PHILIPPINE MERCAHNT MARINE SCHOOL MANILA	BS MARINE TRANSPORTATION	6/8/1983	3/10/1986		1986	
COLLEGE							
GRADUATE STUDIES							

(Continue on separate sheet if necessary)

SIGNATURE		DATE	
-----------	--	------	--