CS Form No. 212									
Revised 2017	DEDCA	NAL DAT	.V Gι	466	T				
	PERSU	NAL DA I	A JI	166					
WARNING: Any misrepresenta concerned.	ation made in the Personal Data Sheet and th	ne Work Experience Sheet	shall cause th	e filing of a	dministrat	ive/criminal case	e/s against th	e person	
	TO FILLING OUT THE PERSONAL DATA SEED and use separate sheet if necessary. Indicate			HE PDS FO	DRM. 1. CS ID No.		(Do not fill	up. For CSC use only	
I. PERSONAL INFORMATIO		NATI Hot applicable. Bo NOT	ADDITE VIATE.		1. 00 ID 110.		(20 1101 1111	ap. 1 or 000 acc only	
2. SURNAME	MANACPO								
FIRST NAME	LINA					NAME EXTENSION (JR	, SR)	N/A	
MIDDLE NAME	LAUZON								
DATE OF BIRTH (mm/dd/yyyy)	09/13/1977	16. CITIZENSHIP		√ Filip	ino [Dual Citizenshi	n		
(пинисы уууу)						✓ by birth	by natural	ization	
4. PLACE OF BIRTH	DULAG, LEYTE	If holder of dual citize			Pls. indicate of	country:			
5. SEX	☐ Male ✓ Female	please indicate the d	details.						
6 CIVIL STATUS	✓ Single	17. RESIDENTIAL ADDRESS	Hous	se/Block/Lot N	n		Street		
	Widowed Separated Other/s:		ZONE 1 Subdivision/Village						
7. HEIGHT (m)	1.59			BAYBAY			Barangay LEYTE		
8. WEIGHT (kg)	63.0	ZIP CODE	City/Municipa 6521		lity		Province		
9. BLOOD TYPE	A	18. PERMANENT ADDRESS							
10. GSIS ID NO.	N/A	-	Hous		se/Block/Lot No. ZONE 2			Street SALVACION	
	·	-	Sub	division/Village			Barangay LEYTE		
11. PAG-IBIG ID NO.	121350305684		Cit	y/Municipality			Province		
12. PHILHEALTH NO.	13-025650937-0	ZIP CODE	6505						
13. SSS NO.	06-4659479-2	19. TELEPHONE NO.	N/A						
14. TIN NO.	476-844-517-000	20. MOBILE NO.	+639975			339975044048	975044048		
15. AGENCY EMPLOYEE NO.	N/A	21. E-MAIL ADDRESS (if any)		wimbiel53@gmail.com					
II. FAMILY BACKGROUND									
22. SPOUSE'S SURNAME	N/A	1	23. NAME of CH	AME of CHILDREN (Write full name and list all)				DATE OF BIRTH (mm/dd/yyyy)	
FIRST NAME			N/A		N/A	N		N/A	
MIDDLE NAME									
OCCUPATION									
EMPLOYER/BUSINESS NAME									
BUSINESS ADDRESS									
TELEPHONE NO. 24. FATHER'S SURNAME	MANACDO								
FIRST NAME	MANACPO BONIFACIO	NAME EXTENSION (JR., SR)							
MIDDLE NAME	CINCO								
25. MOTHER'S MAIDEN NAME									
SURNAME	LAUZON								
FIRST NAME	FLORENCIA								
MIDDLE NAME	SUMAYOD			(Continue on separate sheet if necessary)					
III. EDUCATIONAL BACKG	ROUND								
26. LEVEL	NAME OF SCHOOL (Write in full)	BASIC EDUCATION/DEGRI (Write in full)	EE/COURSE	PERIOD OF A	ATTENDANCE To	HIGHEST LEVEL/ UNITS EARNED (if not graduated)	YEAR GRADUATED	SCHOLARSHIP/ ACADEMIC HONORS RECEIVED	
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 AGRICULTU MAJOR IN PLANT PROTECTION (Weed Sci		1995	1999	N/A	1999	Weed Science Society of the Phil. (WSSP) Scholar	
GRADUATE STUDIES	LEYTE STATE UNIVERSITY	MASTER OF SCIENCE IN PLANT PROTECTION		2000	2002	21 units	N/A	N/A	
OIOWAT//DT		(Continue on separate sheet if ne	ecessary)		TF				
SIGNATURE				. /)A	TE				

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IV. CIVIL SERVICE ELIGIBILITY									
		RATING	DATE OF EXAMINATION /	PLACE OF EXAMINA	LICENSE (if applicable) MENT Date of		oplicable) Date of		
BARANGAY ELIGIBILITY / DRIVER'S LICENSE		(If Applicable)	CONFERMENT			NUMBER	Validity		
N/A		N/A	N/A	N	I/A		N/A	N/A	
			(Cor	ntinue on separate sheet	if necessary)				
	XPERIENCE ate employme	nt. Start from your recen				ed Work Expe	erience sheet.		
28. INCLU	(Include private employment. Start from your recent work) Description of duties should be indicated in the attact 28. INCLUSIVE DATES (mm/dd/yyyy) POSITION TITLE DEPARTMENT / AGENCY / OFFICE / COMPANY					MONTHLY	SALARY/ JOB/ PAY GRADE (if	STATUS OF	GOV'T
From	To	(Write in full/Do not		(Write in full/Do not abbreviate)		SALARY	applicable)& STEP (Format "00-0")/ INCREMENT	APPOINTMENT	SERVICE (Y/ N)
04/21/2025	PRESENT	CATERING STAFF	(Part-Time)		AT PROCESSING AND	8,000.00	N/A	PART-TIME	N
08/12/2024	12/13/2024	LABORATORY INSTRU		DEPARTMENT OF	NG SERVICES PEST MANAGEMENT/	14,742.00	N/A	PART-TIME	Y
1/1/20	11/30/2023	BARANGAY CO		LOCAL GOVERNME	NT UNIT, BRGY. CARIDAD,	10,000.00	N/A	APPOINTED	Y
1/1/20	11/30/2023	BARANGAY VIOLENCE	AGAINST WOMEN	LOCAL GOVERNME	Y CITY, LEYTE NT UNIT, BRGY. CARIDAD,	NONE	N/A	DESIGNATED/	Y
5/9/15	02/28/2017	AND CHILDREN (VAWC		PHILROOTCROPS R	CITY, LEYTE ESEARCH AND TRAINING	17,000.00	N/A	JOB ORDER	N
1/12/06	11/30/2010	BARANGAY CO		LOCAL GOVER	CENTER/VISAYAS STATE UNIVERSITY LOCAL GOVERNMENT UNIT, BRGY.			ELECTED	 Y
1/6/02	10/26/2002	RESEARCH		PHILROOTCROPS R	N, DULAG, LEYTE ESEARCH AND TRAINING	2,500.00 3,000.00	N/A N/A	JOB ORDER	N
1/6/00	05/31/2002	GRADUATE TEACHIN		CENTER/LEYTE STATE UNIVERSITY DEPARTMENT OF PLANT PROTECTION/LEYTE		1,000.00	N/A	PART-TIME	N N
170700	03/31/2002	Old (BOX) TEXTORIN	1071001017111	STATE	UNIVERSITY	1,000.00	II/A	1 AIXI-IIML	
			(Co	ntinue on separate sheet	if necessary)				
SIGNA	TURE				DATE				
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VI. VOLUNTARY WORK OR INVOLVEMENT		_		ORGANIZATIC	N/S		
29. NAME & ADDRESS OF ORGANIZATION (Write in full)			INCLUSIVE DATES (mm/dd/yyyy) From To			POSITION / NATURE OF WORK	
HOLY ROSARY PARISH LITURGICAL MINISTRY/ CARIDAD BAYBAY CITY, LEYTE			Present	Approx. 96hours/year	LECTOR/PSALMIST		
BROTHERHOOD OF CHRISTIAN BUSINESSMEN AND PROFESSIONALS (BCBP)/ BAYBAY CITY CHAPTER			Present	N/A	MEMBER		
/II. LEARNING AND DEVELOPMENT (L&D)	INTERVENTIONS/TRAINING PI		TTENDED	· · · · · · · · · · · · · · · · · · ·			
Start from the most recent L&D/training program and inclu		INCLUSIVE	DATES OF	nier/Executive/Mana	Type of LD		
 TITLE OF LEARNING AND DEVELOPMENT INTE (Write in full 			DANCE d/yyyy)	NUMBER OF HOURS	(Managerial/ Supervisory/ Technical/etc)	CONDUCTED/ SPONSORED BY (Write in full)	
iscussions and Workshop for Anticipatory Action (AA) Planning and Implementation	From	To	40.0		Food and Agriculture Organization of the Un	
nd Social Protection Mechanism/Program 8th Joint ViCAARP and RRDEN Regional Research		01/09/2025	01/10/2025	16.0	Technical	Nations (FAO) OSRO/PHI/203/JPN Project Office of the Vice President for Research a	
Symposium	•	7/12/16	8/12/16	16.0	Technical	Extension (OVPRE), Visayas State Univers Philippine Root Crop Research and Trainir	
ntensive Training on Rootcrop and Rootcrop-Based		9/11/16	11/11/16	24.0	Technical	Center, Visayas State University Philippine Root Crop Research and Trainir	
IAT-DABAR National Workshop on Invasive Pests	and Diseases of Cassava	03/14/2016	03/17/2016	32.0	Technical	Center, Visayas State University	
	(Contin	nue on separate sh	neet if necessary)				
/III. OTHER INFORMATION	I way	A OA DENIG DIOTIN	IOTIONO / DEGO	NUT ON		MENDEROUS IN ACCOUNTING	
31. SPECIAL SKILLS and HOBBIES	32.	N-ACADEMIC DISTINCTIONS / RECOGNITION (Write in full)				33. MEMBERSHIP IN ASSOCIATION/ORGANIZAT (Write in full)	
SKILLS:	Certificate of Appreciation as Guest Speaker of the Barangay-Based Women's Month Celebration on March 23, 2025 at Caridad, Baybay City, Leyte						
Knowledgeable in Microsoft Office (Word, Excel, PowerPoint)							
Fluent in English, Filipino, and proficient in other local anguages such as Cebuano and Waray-waray							
Skilled in baking cakes, pastries and local delicacies							
HOBBIES:							
Cooking							
Baking							
Singing							
Ballroom Dancing							
	(Contin	nue on separate sh	neet if necessary)				
SIGNATURE				DA	\TE	07/25/2024	

34. Are you related by consanguinity or affinity to the appointing chief of bureau or office or to the person who has immediat Bureau or Department where you will be apppointed, a. within the third degree?	□ VEC	- No.				
b. within the fourth degree (for Local Government Unit - Ca		✓ NO ✓ NO				
	If YES, give details					
35. a. Have you ever been found guilty of any administrative of	YES					
	If YES, give details					
b. Have you been criminally charged before any court?		YES If YES, give details	✓ NO S:			
	Date Filed: Status of Case/s:					
36. Have you ever been convicted of any crime or violation of a	ny law, decree, ordinance or regulation	YES	√ NO			
by any court or tribunal?		If YES, give details	_			
37. Have you ever been separated from the service in any of the	e following modes: resignation					
retirement, dropped from the rolls, dismissal, termination, e out (abolition) in the public or private sector?	nd of term, finished contract or phased	☐ YES ☑ NO If YES, give details:				
a. Have you ever been a candidate in a national or local ele Barangay election)?	ection 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 permanen	t resident of another country?	☐ YES ☑ NO				
	If YES, give details	s (country):				
40. Pursuant to: (a) Indigenous People's Act (RA 8371); (b) Ma 7277); and (c) Solo Parents Welfare Act of 2000 (RA 8972)						
a. Are you a member of any indigenous group?	YES	✓ NO				
b. Are you a person with disability?		If YES, please specify: YES NO				
c. Are you a solo parent?		If YES, please specify ID No: YES NO				
7.10 JOS 0 000 PAIOINI		If YES, please specify				
41. REFERENCES (Person not related by consanguinity or affinity to applicant	/appointee)					
NAME	ADDRESS	TEL. NO.				
DR. ERLINDA A. VASQUEZ	Toril, Davao City					
DR. IVY C. EMNACE	VSU, Visca, Baybay City, Leyte	09659480191				
MS. LIGAYA D. JOCSON	Guadalupe, Baybay City, Leyte	09957263108				
42. I declare under oath that I have personally accomplished complete statement pursuant to the provisions of pertin						
Philippines. I authorize the agency head/authorized repr	esentative to verify/validate the contents	s stated herein.	MANACPO, LINA L.			
I agree that any misrepresentation made in this doc	ument and its attachments shall caus	se the filing of	MANACPO, LINA L.			
administrative/criminal case/s against me.			A 100 ST			
Government Issued ID (i.e.Passport, GSIS, SSS, PRC, Driver's License, etc.) PLEASE INDICATE ID Number and Date of Issuance	\sim . \sim					
Government Issued ID: DRIVER'S LICENSE	, with the					
ID/License/Passport No.: H12-23000963	ID/License/Passport No.: H12-23000963 Signature (Sign inside the b					
Date/Place of Issuance: 03-14-2023/BAYBAY CITY, LEYTE		Right Thumbmark				
SUBSCRIBED AND SWORN to before me this	ting his/her validly issued	government ID as indicated above.				
Г						
_	h					
	Person Administering Oat					