CS Form No. 212 Revised 2017

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. | | | | | | | | | |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------|-----------------------------------|----------------------------------------------------------------------------------------------|----------------------------------------------------------------|---------------------|--------------------------------|-----------------------------------------|------------------|--|
| | TO FILLING OUT THE PERSONAL DATA SHEE) and use separate sheet if necessary. Indicate I | | | PDS FOR | 1. CS ID No. | | (Do not fill up. | For CSC use only | |
| I. PERSONAL INFORMATION | | | | | | | | | |
| 2. SURNAME | CAINTIC | | | | | | | | |
| FIRST NAME | SWEETLYN NAME EXTENSION (JR., SR) N/A | | | | | | | | |
| MIDDLE NAME | TAPAYAN | | | | | | | | |
| DATE OF BIRTH (mm/dd/yyyy) | 09/13/1998 | 16. CITIZENSHIP | | | | | | | |
| 4. PLACE OF BIRTH | BAYBAY CITY, LEYTE | If holder of dual citizer | nship, | | | Pls. indicate cou | ntry: | | |
| 5. SEX | FEMALE | please indicate the de | PHILIPPINES | | | | | | |
| 6 CIVIL STATUS | | 17. RESIDENTIAL ADDRESS | RESIDENTIAL ADDRESS 1: House/Bi Subdivis BA | | 0 | ONIFACIO STRE Street | ET | | |
| | SINGLE | | | | | ZONE 3 | | | |
| 7. HEIGHT (m) | 161 | | | | 9 | Barangay LEYTE | | | |
| 8. WEIGHT (kg) | 58 | ZIP CODE | City/Municipality | | Province 6521 | | | | |
| 9. BLOOD TYPE | 0+ | 18. PERMANENT ADDRESS | 191 A. | | A. BONIFACIO STREET | | | | |
| 10. GSIS ID NO. | N/A | | Hou | se/Block/Lot N N/A | 0. | | Street ZONE 3 | | |
| 11. PAG-IBIG ID NO. | 121314152802 | | Sut | division/Villag | | | Barangay LEYTE | | |
| 12. PHILHEALTH NO. | | ZIP CODE | City/Municipality | | | Province | | | |
| | 1332530817567 | | 6521 | | | | | | |
| 13. SSS NO. 14. TIN NO. | 04-4885337-7 619-633-120-00000 | 19. TELEPHONE NO. | N/A | | | | | | |
| | | 20. MOBILE NO. | 09677004233 | | | | | | |
| | 15. AGENCY EMPLOYEE NO. N/A 21. E-MAIL ADDRESS (if any) <u>sweetlyncaintic@gmail.com</u> | | | | | <u>com</u> | | | |
| II. FAMILY BACKGROUND 22. SPOUSE'S SURNAME | N/A | | 23 NAME of CH | ILDREN (Write full name and list all) DATE OF BIRTH (mm/dd/yy | | | | TH (mm/dd/sass) | |
| FIRST NAME | IVA | NAME EXTENSION (JR., SR) | 23. NAME of CHILDREN (Write full name and list all) N/A | | | DATE OF BIR | TTT (IIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII | | |
| MIDDLE NAME | | | | | | | | | |
| OCCUPATION | | | | | | | | | |
| EMPLOYER/BUSINESS NAME | | | | | | | | | |
| BUSINESS ADDRESS | | | | | | | | | |
| TELEPHONE NO. | | | | | | | | | |
| 24. FATHER'S SURNAME | CAINTIC | | | | | | | | |
| FIRST NAME | HEGINO | NAME EXTENSION (JR., SR) N/A | | | | | | | |
| MIDDLE NAME | HUMAMIL | | | | | | | | |
| 25. MOTHER'S MAIDEN NAME | | | | | | | | | |
| SURNAME | TAPAYAN | | | | | | | | |
| FIRST NAME | ERLINDA | | | | | | | | |
| MIDDLE NAME | OMACOB | | | (Continue on separate sheet if necessary) | | | | | |
| III. EDUCATIONAL BACKGE | ROUND | | | | | | | SCHOLARSHIP/ | |
| 26. LEVEL | LEVEL NAME OF SCHOOL BASIC EDUCATION D (Write in full) (Write in | | EE/COURSE PERIOD OF ATTENDANCE HIGHEST LEVEL/ UNITS EARNED (if not graduated) From To To To | | | ACADEMIC HONORS RECEIVED | | | |
| ELEMENTARY | BAYBYA I CENTRAL SCHOOL | PRIMARY | | 6/27/2005 | 5/13/2010 | GRADUATED | 2010 | N/A | |
| SECONDARY | BAYBAY NATIONAL HIGH SCHOOL | SECONDARY | | 7/2/2010 | 5/14/2014 | GRADUATED | 2014 | N/A | |
| VOCATIONAL / TRADE COURSE | N/A | N/A | | N/A | N/A | N/A | N/A | N/A | |
| COLLEGE | VISAYAS STATE UNIVERSITY | BACHELOR OF ELEMENTARY | Y EDUCATION | 1/10/2015 | 6/11/2019 | GRADUATED | 2019 | N/A | |
| GRADUATE STUDIES | N/A | N/A | | N/A | N/A | N/A | N/A | N/A | |
| | | ontinue on separate sheet if nece | essary) | | | | | | |
| SIGNATURE December 16, 202 | | | | 3 | | | | | |

| IV. CIVIL SE | RVICE ELIG | IBILITY | | | | | | | |
|--------------------------------------------------------------------|--------------------------|------------------------|---------------------|--------------------------|----------------------------|--------------|----------------------------------------------------|---------------|---------------------|
| 27. CAREE | | 080 (BOARD/ BAR) UNDER | RATING | DATE OF EXAMINATION / | PLACE OF EXAMINA | TION / CONFE | RMENT | LICENSE (if a | pplicable) Date of |
| SPECIAL LAWS/ CES/ CSEE BARANGAY ELIGIBILITY / DRIVER'S LICENSE | | | (If Applicable) | CONFERMENT | I LAGE OF EXAMINA | THOIV OOM E | VIVILIAI | NUMBER | Validity |
| LICENSE PROFESSIONAL TEACHER 82.0 | | | 82.0 | OCTOBER, 2022 | DAVA | DAVAO CITY | | | 09/13/2026 |
| DRIVER'S LICENSE | | | N/A | JULY, 2020 | BAYBA | BAYBAY CITY | | | 09/13/24 |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| V WORK F | XPERIENCE | | (Coi | ntinue on separate sheet | if necessary) | | | | |
| | | | nt work) Descriptio | n of duties should l | be indicated in the attach | ed Work Ex | perience shee | t. | |
| | SIVE DATES n/dd/yyyy) | POSITION T | | | ENCY / OFFICE / COMPANY | MONTHLY | SALARY/ JOB/ PAY GRADE (if applicable)& STEP | STATUS OF | GOV'T SERVICE |
| From | To | (Write in full/Do not | abbreviate) | (Write in ful | II/Do not abbreviate) | SALARY | (Format "00-0")/ INCREMENT | APPOINTMENT | (Y/N) |
| N/A | N/A | N/A | | | N/A | N/A | N/A | N/A | N/A |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | (Cor | ntinue on separate sheet | if necessary) | | | | |
| SIGNATURE | | | | | DATE | DECEMBER 1 | | | |

| VI. VOLUNTARY WORK OR INVOLVEMENT IN CIVIC / NON-GOVERNMENT / PEOPLE / VOLUNTARY ORGANIZATION/S | | | | | | | |
|-------------------------------------------------------------------------------------------------|-------------------------------------------------------------|--------------------|----------------------|-----------------|---------------------------------------------------------------------------------------------|-----------------------------------------------------------|--|
| 29. NAME & ADDRESS OF ORGANIZATION (Write in full) | | | VE DATES ld/yyyy) | NUMBER OF HOURS | | POSITION / NATURE OF WORK | |
| (vinto in rus) | | | То | | | | |
| PRC, CALAMANSI ST. COR. 1ST, JUNA SUBD, MATINA, DAVAO ITY | | | 04/14/23 | 8HRS. | | PROCTOR (VOLUNTEER) | |
| PRC, CALAMANSI ST. COR. 1ST, JUNA SUBD, MATINA, DAVAO ITY | | | 9/2/2023 | 8HRS. | FLOOR SUPERVISOR (VOLUNTEER) | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| VII. LEARNING AND DEVELOPMENT (L&D) | (Con | tinue on separate | sheet if necessary |) | | | |
| VII. LEARNING AND DEVELOPMENT (L&D) | INTERVENTIONS/TRAINING PR | INCLUSIVE DATES OF | | | | I | |
| 30. TITLE OF LEARNING AND DEVELOPMENT INTE (Write in full | | ATTEN | IDANCE Id/yyyy) | NUMBER OF HOURS | Type of LD (Managerial/ CONDUCTED/ SPONSORED BY Supervisory/ Technical/etc) (Write in full) | | |
| TRAINING WORKSHOP OF INNOVATIVE LEARNING | STRATEGIES | 05/15/18 | 05/16/18 | 16HRS. | N/A | VISAYAS STATE UNIVERSITY | |
| NATIONAL YOUTH CONFERENCE ON CLIMATE CHA | NGE ADAPTATION AND MITIGATION | 11/20/19 | 11/21/19 | 16HRS. | N/A | | |
| DISASTER RISK REDUCTION A REGIONAL YOUTH LEADERS FOR F | | 12/13/2021 | 12/17/2021 | 40HRS. | VISATAS STATE UNIVERSIT | | |
| | | | | | | ORMOC CITY | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | (Con | tinue on separate | sheet if necessary |) | | | |
| VIII. OTHER INFORMATION | | | | | | | |
| 31. SPECIAL SKILLS and HOBBIES | 32. NON-ACADEMIC DISTINCTIONS / RECOGNITION (Write in full) | | | | 33. MEMBERSHIP IN ASSOCIATION/ORGANIZATION (Write in full) | | |
| TIME MANAGEMENT | N/A | | | | | SK KAGAWAD IN ZONE 3, BAYBAY CITY, LEYTE | |
| DILIGENCE | | | | | | OFFICIAL MEMBER OF KK2DAT IN ZONE 3 BAYBAY CITY, LEYTE | |
| COMMUNICATION | | | | | | | |
| POSITIVE LEARNING PROCESS | | | | | | | |
| SENSE OF ACCOUNTABILITY | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| SIGNATURE | Sully | unue on separate | sneet ii riecessary | D. | ATE | DECEMBER 16,2023 | |
| GIGHATORE SECURE | | | | | | CC 500M 042 /0-12-4 2042 / 0-12-3 -44 | |

| 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 Bureau or Department where you will be apppointed, | | | | | | |
| | a. within the third degree? | | | | | | |
| | b. within the fourth degree (for Local Government Unit - Care | eer Employees)? | If VEC give details: | | | | |
| | | | If YES, give details: | | | | |
| 35. | a. Have you ever been found guilty of any administrative offer | ense? | | | | | |
| | | If YES, give details: | | | | | |
| | | | | | | | |
| | b. Have you been criminally charged before any court? | If YES, give details: | | | | | |
| | | Date Filed: Status of Case/s: | | | | | |
| 36 | Have you ever been convicted of any crime or violation of an | Status of Case/s. | | | | | |
| 00. | by any court or tribunal? | , , | If YES, give details: | | | | |
| | | | | | | | |
| 37. | Have you ever been separated from the service in any of the retirement, dropped from the rolls, dismissal, termination, en out (abolition) in the public or private sector? | | If YES, give details: | | | | |
| 38. | a. Have you ever been a candidate in a national or local election and the same and | ction held within the last year (except | If YES, give details: | | | | |
| | b. Have you resigned from the government service during th election to promote/actively campaign for a national or local | If YES, give details: | | | | | |
| 39. | Have you acquired the status of an immigrant or permanent | ISVES vive details (assures). | | | | | |
| | | If YES, give details (c | ountry): | | | | |
| 40. | Pursuant to: (a) Indigenous People's Act (RA 8371); (b) Mag 7277); and (c) Solo Parents Welfare Act of 2000 (RA 8972), | | | | | | |
| a. | Are you a member of any indigenous group? | If YES, please specify: | | | | | |
| b. | Are you a person with disability? | | | | | | |
| C. | Are you a solo parent? | | If YES, please specify ID | No: | | | |
| | , , ou a colo pare | | If YES, please specify ID | No: | | | |
| 41. | REFERENCES (Person not related by consanguinity or affinity to applicant / | appointee) | | | | | |
| | NAME | ADDRESS | TEL. NO. | | | | |
| | EVE A. SERATO | BAYBAY CITY | 9277246466 | | | | |
| | JAY ANN L. BULAWAN | BAYBAY CITY | 9927818698 | (40) | | | |
| | MARIA C. JADLOC | DAVAO CITY | 9458164928 | | | | |
| 42. | | ng marakana gununan anjada ke naka darkan | at cause for first of advisorable-scotted cause agreet to- | CAINTIC, SWEETLYN T. PHOTO | | | |
| | | | | | | | |
| | overnment Issued ID (i.e.Passport, GSIS, SSS, PRC, Driver's License, etc.) LEASE INDICATE ID Number and Date of Issuance | 0 | | | | | |
| G | overnment Issued ID: PRC | Souther | unt | | | | |
| ID | //License/Passport No.: 2025382 | эх) | | | | | |
| D | ate/Place of Issuance: 04/17/2023 DAVAO CITY | 2023 | Right Thumbmark | | | | |
| | SUBSCRIBED AND SWORN to before me this | affiant exhibit | ing his/her validly issued go | vernment ID as indicated above. | | | |
| | SSSSCALE FALS STORE to bolore the tills | , aman Ganisi | ramary issued go | Tomaton is as indicated above. | | | |
| | | | | | | | |
| | | | | | | | |
| | | h | | | | | |