CS FORM 212 (Revised 2005)

PERSONAL DATA SHEET

Print legibly. Mark appropriate boxes ☐ with "✓" and use separate sheet if necessary.

1. CS ID No. 220108180224 (to be filled up by CSC)

I. PERSONAL INFORMATION

2. SURNAME	COMPENDIO
FIRST NAME	CARLINA
MIDDLE NAME	MERIN
3. NAME EXTENSION (e.g. Jr., Sr.)	
4. DATE OF BIRTH (mm/dd/yyyy)	10 / 15 / 1973
5. PLACE OF BIRTH	MANDALUYONG METRO MANILA
6. SEX	☐ Male ☑ Female
7. CIVIL STATUS	☐ Single ☐ Widowed ☑ Married ☐ Separated ☐ Annulled ☐ Others, specify _____
8. CITIZENSHIP	FILIPINO
9. HEIGHT (m)	1.5494m
10. WEIGHT (kg)	80
11. BLOOD TYPE	
12. GSIS ID NO.	
13. PAG-IBIG ID NO.	
14. PHILHEALTH NO.	13-201379077-2
15. SSS NO.	33127-69641
16. RESIDENTIAL ADDRESS	BARANGAY LINAO PUROK 2 INOPACAN LEYTE
ZIP CODE	6522
17. TELEPHONE NO.	
18. PERMANENT ADDRESS	BARANGAY LINAO PUROK 2 INOPACAN LEYTE
ZIP CODE	6522
19. TELEPHONE NO.	
20. E-MAIL ADDRESS (if any)	carolinacompendio1228@gmail.com
21. CELLPHONE NO. (if any)	0662-28552
22. AGENCY EMPLOYEE NO.	
23. TIN	458-267-746

II. FAMILY BACKGROUND

		25. NAME OF CHILD (Write full name and list all)	DATE OF BIRTH (mm/dd/yyyy)
24. SPOUSE'S SURNAME	COMPENDIO		
FIRST NAME	SERGIO	SERICA JOY M. COMPENDIO	02 / 28 / 1994
MIDDLE NAME	DELAGENTE	MA. CARISSE M. COMPENDI	10 / 22 / 1995
OCCUPATION	N/A	CARL GIO M. COMPENDIO	04 / 06 / 2002
EMPLOYER/BUS. NAME			/ /
BUSINESS ADDRESS			/ /
TELEPHONE NO.			/ /
(Continue on separate sheet if necessary)			/ /
26. FATHER'S SURNAME	MERIN		/ /
FIRST NAME	CARLOS		/ /
MIDDLE NAME	DEGISICA		/ /
27. MOTHER'S MAIDEN NAME			/ /
SURNAME	MERIN		/ /
FIRST NAME	TEOFANES		/ /
MIDDLE NAME	LAURENTE	(Continue on separate sheet if necessary)	

III. EDUCATIONAL BACKGROUND

28. LEVEL	NAME OF SCHOOL (Write in full)	DEGREE COURSE (Write in full)	YEAR GRADUATED (if graduated)	HIGHEST GRADE/ LEVEL/ UNITS EARNED (if not graduated)	INCLUSIVE DATES OF ATTENDANCE From	To	SCHOLARSHIP/ ACADEMIC HONORS RECEIVED
ELEMENTARY	KALIGAYAHAN ELEMENTARY SCHOOL		1986				
SECONDARY	LAGRO HIGH SCHOOL		1990				
VOCATIONAL / TRADE COURSE							
COLLEGE	ALEJANDRO COLLEGES	Business Administration	1995				
GRADUATE STUDIES							

(Continue on separate sheet if necessary)

IV. CIVIL SERVICE ELIGIBILITY

29. CAREER SERVICE/ RA 1080 (BOARD/ BAR) UNDER SPECIAL LAWS/ CES/ CSEE	RATING	DATE OF EXAMINATION / CONFERMENT	PLACE OF EXAMINATION / CONFERMENT	LICENSE (if applicable)	
				NUMBER	DATE OF RELEASE
CSC				2201081802	24/04/2018

(Continue on separate sheet if necessary)

V. WORK EXPERIENCE (Include private employment. Start from your current work)

30. INCLUSIVE DATES (mm/dd/yyyy)		POSITION TITLE (Write in full)	DEPARTMENT / AGENCY / OFFICE / COMPANY (Write in full)	MONTHLY SALARY	SALARY GRADE & STEP INCREMENT (Format "00-0")	STATUS OF APPOINTMENT	GOV'T SERVICE (Yes / No)
From	To						
06 / /2011	10 / /2013	BARANGAY SERVICE POINT	BARANGAY LINAO				
11 / /2013	12 / /2017	BARANGAY TREASURER	BARANGAY LINAO				
01 / /2018	02 / /2024	BARANGAY BOOKKEEPER	MUNICIPALITY OF INOPACAN				
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(Continue on separate sheet if necessary)

VI. VOLUNTARY WORK OR INVOLVEMENT IN CIVIC / NON-GOVERNMENT / PEOPLE / VOLUNTARY ORGANIZATION/S

31. NAME & ADDRESS OF ORGANIZATION (Write in full)	INCLUSIVE DATES (mm/dd/yyyy)		NUMBER OF HOURS	POSITION / NATURE OF WORK
	From	To		
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(Continue on separate sheet if necessary)

VII. TRAINING PROGRAMS (Start from the most recent training.)

32. TITLE OF SEMINAR/CONFERENCE/WORKSHOP/SHORT COURSES (Write in full)	INCLUSIVE DATES OF ATTENDANCE (mm/dd/yyyy)		NUMBER OF HOURS	CONDUCTED/ SPONSORED BY (Write in full)
	From	To		
16th Visayas Geographical Conference	09 / 20 /2023	09 / 22 /2023	24 hrs	PhALGA Inc. Phil.Asso.of Local Gov't Accountants.Inc
15th Visayas Geographical Conference	09 / 28 /2022	09 / 30 /2022	24 hrs	PhALGA Inc. Phil.Asso.of Local Gov't Accountants.Inc
Entrepreneurial Kulinarya Training	01 / 13 /2018	01 / 14 /2018	16 hrs	Department of Tourism VIII
Seminar Workshop on Budget Operations	09 / 12 /2018	09 / 14 /2018	24 hrs	Region Eight Asso. of Budget Officers (REALBO)
13th Visayas Geographical Conference	09 / 19 /2018	09 / 21 /2018	24 hrs	PhALGA Inc. Phil.Asso.of Local Gov't Accountants.Inc
Barangay Financial Management	11 / 05 /2018	11 / 07 /2018	24 hrs	Commission on Audit LGS C - Leyte II
Full Length Training on Gov't Procurement on RA 9184	02 / 06 /2017	02 / 08 /2017	24 hrs	Department of Budget and Management ,Gov't Procurement and Policy Board, REALBO
12th Visayas Geographical Conference	09 / 20 /2017	09 / 22 /2017	24 hrs	PhALGA Inc. Phil.Asso.of Local Gov't Accountants.Inc
11th Visayas Geographical Conference	09 / 14 /2016	09 / 16 /2016	24 hrs	PhALGA Inc. Phil.Asso.of Local Gov't Accountants.Inc
Barangay Management Information System	11 / 17 /2016	11 / 17 /2016	8 hrs	Municipality of Inopacan
Sustainable Strategies on the Implementation of ecological Solidwaste Mgt. System Integrating Disaster Risk Reduction Mgt. towards efeective Governance	11 / 12 /2015	11 / 13 /2015	16 hrs	Eco Forum Philippines Unlimited Inc. and National Solid Waste Commission
Training on Barangay Newly Elected Officials (BNEO)	04 / 03 /2014	04 / 05 /2014	24 hrs	Liga ng mga Barangay
Gender and Development Training,Information,Education and Communication,Campaign on Energy Safety Practices and efficiency measures	11 / 04 /2014	11 / 04 /2014	8 hrs	Dept of Energy,VISCA,Municipality of Inopacan,VSU- Affiliated Renewable Energy Center(AREC)College of Engineering
Adult Peer Educators training on Integrated Population Health and Environment	07 / 07 /2011	07 / 08 /2011	16 hrs	PATH Foundation Philippines Inc.
Training on Barangay Implementers on Promotion of Good Nutrition,Accelerated Hunger - Mitigation Program	08 / 22 /2011	08 / 26 /2011	24 hrs	Provincial Gov't,Dept of Health,Nat'l nutrition Council,Office of the President

(Continue on separate sheet if necessary)

VIII. OTHER INFORMATION

33. SPECIAL SKILLS / HOBBIES:	34. NON-ACADEMIC DISTINCTIONS / RECOGNITION: (Write in full)	35. MEMBERSHIP IN ASSOCIATION/ORGANIZATION (Write in full)
Bookkeeping,Cooking,recording,Encoding,Listening to Music		
Gardening,Reading,Filling of Journals,Accounting Entries,		
Data Entry,Multi Tasking		

(Continue on separate sheet if necessary)

36. Are you related by consanguinity or affinity to any of the following : a. Within the third degree (for National Government Employees): appointing authority, recommending authority, chief of office/bureau/department or person who has immediate supervision over you in the Office, Bureau or Department where you will be appointed? b. Within the fourth degree (for Local Government Employees): appointing authority or recommending authority where you will be appointed?	☐ YES ☑ NO If YES, give details: ☐ YES ☑ NO If YES, give details:
37 a. Have you ever been formally charged? b. Have you ever been guilty of any administrative offense?	☐ YES ☑ NO If YES, give details: ☐ YES ☑ NO If YES, give details:
38. Have you ever been convicted of any crime or violation of any law, decree, ordinance or regulation by any court or tribunal?	☐ YES ☑ NO If YES, give details:
39. 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, AWOL or phased out, in the public or private sector?	☑ YES ☐ NO If YES, give details: end of term
40. Have you ever been a candidate in a national or local election (except Barangay election)?	☐ YES ☑ NO If YES, give details:
41. 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: a. Are you a member of any indigenous group? b. Are you differently abled? c. Are you a solo parent?	☐ YES ☑ NO If YES, please specify: ☐ YES ☑ NO If YES, please specify: ☐ YES ☑ NO If YES, please specify:

42. REFERENCES (Person not related by consanguinity or affinity to applicant / appointee)

NAME	ADDRESS	TEL. NO.
Nancy Clyte M. Abella	Poblacion Inopacan Leyte	09178831434
Amalia Q. Dedal	Linao Inopacan Leyte	09977745018
Azucena P. Mirambel	Guadalupe Inopacan leyte	09178263130

PHOTO

43. I declare under oath that this Personal Data Sheet has been accomplished by me, and is a true, correct and complete statement pursuant to the provisions of pertinent laws, rules and regulations of the Republic of the Philippines.

I also authorize the agency head / authorized representative to verify / validate the contents stated herein. I trust that this information shall remain confidential.

COMMUNITY TAX CERTIFICATE NO.		
ISSUED AT	SIGNATURE (Sign inside the box)	RIGHT THUMBMARK
/ / ISSUED ON (mm/dd/yyyy)	DATE ACCOMPLISHED	