

# 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 ( ☐ Ind use separate sheet if necessary. Indicate N/A if not applicable. **DO NOT ABBREVIATE.**

1. CSID No.

(Do not fill up. For CSC use only)

## I. PERSONAL INFORMATION

2. SURNAME	LAYOLA		
FIRST NAME	MARI DENISE AMPHY	NAME EXTENSION (JR., SR)	
MIDDLE NAME	ANOOS		
3. DATE OF BIRTH (mm/dd/yyyy)	11/18/1996	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	CEBU CITY	If holder of dual citizenship, please indicate the details.	
5. SEX	<input type="checkbox"/> Male <input checked="" 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:	17. RESIDENTIAL ADDRESS	House/Block/Lot No. Street PUROK KAMANSI YATI Subdivision/Village Barangay LILOAN CEBU City/Municipality Province
7. HEIGHT (m)	1.62	ZIP CODE	6002
8. WEIGHT (kg)	44		
9. BLOOD TYPE	O	18. PERMANENT ADDRESS	House/Block/Lot No. Street PUROK KAMANSI YATI Subdivision/Village Barangay LILOAN CEBU City/Municipality Province
10. GSIS ID NO.	N/A	ZIP CODE	6002
11. PAG-IBIG ID NO.	121280835035		
12. PHILHEALTH NO.	12-251493898-7		
13. SSS NO.	N/A	19. TELEPHONE NO.	N/A
14. TIN NO.	756-116-043	20. MOBILE NO.	09286063212
15. AGENCY EMPLOYEE NO.	388	21. E-MAIL ADDRESS (if any)	mdalayola@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	N/A	NAME EXTENSION (JR., SR)	N/A	N/A
MIDDLE NAME	N/A			
OCCUPATION	N/A			
EMPLOYER/BUSINESS NAME	N/A			
BUSINESS ADDRESS	N/A			
TELEPHONE NO.	N/A			
24. FATHER'S SURNAME	LAYOLA			
FIRST NAME	JOSELITO	NAME EXTENSION (JR., SR)		
MIDDLE NAME	BINONGO			
25. MOTHER'S MAIDEN NAME				
SURNAME	ANOOS			
FIRST NAME	BLESILA			
MIDDLE NAME	PEPITO			

(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	SAN ROQUE CHILD DEVELOPMENT SCHOOL		07/07/2003	03/03/2009		2009	N/A
SECONDARY	SAN ROQUE CHILD DEVELOPMENT SCHOOL		07/07/2009	03/03/2013		2013	N/A
VOCATIONAL / TRADE COURSE							
COLLEGE	VISAYAS STATE UNIVERSITY-MAIN CAMPUS		07/03/2013	07/03/2020		2020	N/A
GRADUATE STUDIES							


(Continue on separate sheet if necessary)

SIGNATURE	DATE	02/15/2022
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27. CAREER SERVICE/ RA 1080 (BOARD/ BAR) UNDER SPECIAL LAWS/ CES/ CSEE ELIGIBILITY / DRIVER'S LICENSE	RATING (If Applicable)	DATE OF EXAMINATION / CONFERMENT	PLACE OF EXAMINATION / CONFERMENT	LICENSE (if applicable)	
				NUMBER	Date of Validity
Veterinary Licensure Examination		February 2,3,4, 2021	Benedicto College, Cebu City	10753	11/18/2024
Driver's License		June 31, 2019	Babay City, Leyte	H12-16-001630	11/18/2023

## V. WORK EXPERIENCE

[illegible]

SIGNATURE		DATE	02/15/2022
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## VI. VOLUNTARY WORK OR INVOLVEMENT IN CIVIC / NON-GOVERNMENT / PEOPLE / VOLUNTARY ORGANIZATION/S

[illegible]

(Continue on separate sheet if necessary)

## VII. LEARNING AND DEVELOPMENT (L&amp;D) INTERVENTIONS/TRAINING PROGRAMS ATTENDED

[illegible]

(Continue 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)
BASIC COMPUTER SKILLS	N/A	N/A
VETERINARY SOFT TISSUE SURGERY		

(Continue on separate sheet if necessary)

SIGNATURE		DATE	02/15/2022
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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,  
a. within the third degree?  
b. within the fourth degree (for Local Government Unit - Career Employees)?

☐ YES ☒ NO  
☐ YES ☒ NO  
If YES, give details: \_\_\_\_\_

35. a. Have you ever been found guilty of any administrative offense?  
b. Have you been criminally charged before any court?

☐ YES ☒ NO  
If YES, give details: \_\_\_\_\_  
☐ YES ☒ NO  
If YES, give details: \_\_\_\_\_  
Date Filed: \_\_\_\_\_  
Status of Case/s: \_\_\_\_\_

36. 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: \_\_\_\_\_

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?

☐ YES ☒ NO  
If YES, give details: \_\_\_\_\_

38. a. Have you ever been a candidate in a national or local election held within the last year (except Barangay election)?  
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?

☐ YES ☒ NO  
If YES, give details: \_\_\_\_\_  
☐ YES ☒ NO  
If YES, give details: \_\_\_\_\_

39. Have you acquired the status of an immigrant or permanent resident of another country?

☐ YES ☒ NO  
If YES, give details (country): \_\_\_\_\_

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:  
a. Are you a member of any indigenous group?  
b. Are you a person with disability?  
c. Are you a solo parent?

☐ YES ☒ NO  
If YES, please specify: \_\_\_\_\_  
☐ YES ☒ NO  
If YES, please specify ID No: \_\_\_\_\_  
☒ YES ☒ NO  
If YES, please specify ID No: \_\_\_\_\_

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

NAME	ADDRESS	TEL. NO.
SHEBELLE CUEVA	BAYBAY CITY, LEYTE	9432337633
JORIC MASION	TAYUD, LILO-AN, CEBU	9238793433
MICHAEL JUSTINE CARREON	MABALACAT, PAMPANGA	9420492714

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.



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  
ID/License/Passport No.: 10753  
Date/Place of Issuance: MARCH 17, 2021

Signature (Sign inside the box)  
02/15/2022  
Date Accomplished



SUBSCRIBED AND SWORN to before me this

150  
51  
98  
Series of 2022

Notary Public for the Philippines  
Cheryl Pamela Condad  
TIN 288-859-742 / 09173092907  
cheryl.pamelacondad@gmail.com  
MCLE No. 7 - 0000953 / April 16, 2019  
Notarial No. 2020-21 until 6-30-22 / DM 3795  
Person Administering Oath, 2021 (for 2022) / Cebu  
PIN 1233427 / Jan 9, 2022 / Mandana