Revised 2017	D	FRSA	NAL DATA	A SHI	FET					
VARNING: 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 F rint legibly. Tick appropriate boxes (					1.	1. CS ID No.		(Do not fill up.	For CSC use only)	
PERSONAL INFORMATION										
2. SURNAME	LEYSON									
FIRST NAME	JEAN ARISTONET NAME EXTENSION (JR., SR)						SR)			
MIDDLE NAME	WOODS									
3. DATE OF BIRTH (mm/dd/yyyy)	3/28/95		16. CITIZENSHIP	IP		Filipino Dual Citizenship			by naturalization	
4. PLACE OF BIRTH	GIPORLOS, EASTER	N SAMAR	If holder of dual citizen	ship,	Pls. indicate c			untry:		
5. SEX	Male	Female	please indicate the de	tails.					•	
6 CIVIL STATUS	Single Widowed Other/s:	Married Separated	17. RESIDENTIAL ADDRESS		use/Block/Lot No			Street ICHON Barangay		
7. HEIGHT (m)	1.6			ı	MACROHON		SC	DUTHERN LEYTE  Province		
8. WEIGHT (kg)	68.4		ZIP CODE	Ci	City/Municipality 6601			Province		
9. BLOOD TYPE	"B"		18. PERMANENT ADDRESS							
0. GSIS ID NO.					use/Block/Lot No.			Street ICHON		
PAG-IBIG ID NO.	1211-5103-09	44			bdivision/Village MACROHON		Barangay SOUTHERN LEYTE			
I2. PHILHEALTH NO.	13-050173102-2		ZIP CODE	C	City/Municipality 6601			Province		
13. SSS NO.	06-3705542-		19. TELEPHONE NO.							
4. TIN NO.	470-975-756-0	20. MOBILE NO.	09336659729							
			21. E-MAIL ADDRESS (if any)		jea	naristonet	leyson@gmai	l.com		
. FAMILY BACKGROUND										
2. SPOUSE'S SURNAME				23. NAME of CHILE	DREN (Write ful	I name and list a	all)	DATE OF BIRT	H (mm/dd/yyyy)	
FIRST NAME			NAME EXTENSION (JR., SR)							
MIDDLE NAME										
OCCUPATION										
EMPLOYER/BUSINESS NAME										
EMPLOYER/BUSINESS NAME BUSINESS ADDRESS										
BUSINESS ADDRESS TELEPHONE NO.		LEYSON								
BUSINESS ADDRESS TELEPHONE NO.	ARISTON	LEYSON	JR.							
BUSINESS ADDRESS  TELEPHONE NO.  4. FATHER'S SURNAME	ARISTON	LEYSON ABIÑON	JR.							
BUSINESS ADDRESS  TELEPHONE NO.  4. FATHER'S SURNAME FIRST NAME MIDDLE NAME										
BUSINESS ADDRESS  TELEPHONE NO.  4. FATHER'S SURNAME FIRST NAME MIDDLE NAME		ABIÑON								
BUSINESS ADDRESS  TELEPHONE NO.  4. FATHER'S SURNAME FIRST NAME MIDDLE NAME  5. MOTHER'S MAIDEN NAME		ABIÑON IIETA FABILLAR V								
BUSINESS ADDRESS  TELEPHONE NO.  4. FATHER'S SURNAME FIRST NAME MIDDLE NAME 5. MOTHER'S MAIDEN NAME SURNAME FIRST NAME MIDDLE NAME	ANTON	ABIÑON IIETA FABILLAR V LEYSON				Continue on se	parate sheet if necess	ary)		
BUSINESS ADDRESS  TELEPHONE NO.  4. FATHER'S SURNAME FIRST NAME MIDDLE NAME 5. MOTHER'S MAIDEN NAME SURNAME FIRST NAME	ANTON	ABIÑON IIETA FABILLAR V LEYSON ANTONIETA				Continue on se	parate sheet if necess	any)	COLICA ADDILINA	
BUSINESS ADDRESS  TELEPHONE NO.  4. FATHER'S SURNAME FIRST NAME MIDDLE NAME 5. MOTHER'S MAIDEN NAME SURNAME FIRST NAME MIDDLE NAME MIDDLE NAME  MIDDLE NAME LEDUCATIONAL BACKGRO	ANTON	ABIÑON IIETA FABILLAR V LEYSON ANTONIETA WOODS		E/COURSE		Continue on se	parate sheet if necess HIGHEST LEVEL/ UNITS EARNED (if not graduated)	ary) YEAR GRADUATED	SCHOLARSHIP/ ACADEMIC HONORS RECEIVED	
BUSINESS ADDRESS  TELEPHONE NO.  4. FATHER'S SURNAME FIRST NAME MIDDLE NAME  5. MOTHER'S MAIDEN NAME SURNAME FIRST NAME MIDDLE NAME MIDDLE NAME  MIDDLE NAME  II. EDUCATIONAL BACKGRO  6.	ANTON  UND  NAME OF SCHO	ABIÑON  IIETA FABILLAR V  LEYSON  ANTONIETA  WOODS	WOODS  BASIC EDUCATION/DEGRE	E/COURSE	PERIOD OF A	ATTENDANCE	HIGHEST LEVEL/ UNITS EARNED	YEAR	ACADEMIC HONORS	
BUSINESS ADDRESS  TELEPHONE NO.  4. FATHER'S SURNAME FIRST NAME MIDDLE NAME 5. MOTHER'S MAIDEN NAME SURNAME FIRST NAME MIDDLE NAME MIDDLE NAME  MIDDLE NAME LEVEL	ANTON  UND  NAME OF SCHO (Write in full)	ABIÑON IIETA FABILLAR V LEYSON ANTONIETA WOODS OL	WOODS  BASIC EDUCATION/DEGRE	E/COURSE	PERIOD OF A	ATTENDANCE To	HIGHEST LEVEL/ UNITS EARNED	YEAR GRADUATED	ACADEMIC HONORS	
BUSINESS ADDRESS  TELEPHONE NO.  4. FATHER'S SURNAME FIRST NAME MIDDLE NAME 5. MOTHER'S MAIDEN NAME SURNAME FIRST NAME MIDDLE NAME  MIDDLE NAME  I. EDUCATIONAL BACKGRO  6. LEVEL  ELEMENTARY	ANTON  UND  NAME OF SCHO  (Write in full)  ICHON ELEMENTARY	ABIÑON IIETA FABILLAR V LEYSON ANTONIETA WOODS OL	WOODS  BASIC EDUCATION/DEGRE	E/COURSE	PERIOD OF A	To 2007	HIGHEST LEVEL/ UNITS EARNED	YEAR GRADUATED	ACADEMIC HONORS	
BUSINESS ADDRESS  TELEPHONE NO.  4. FATHER'S SURNAME FIRST NAME MIDDLE NAME  5. MOTHER'S MAIDEN NAME SURNAME FIRST NAME MIDDLE NAME  II. EDUCATIONAL BACKGRO  6. LEVEL  ELEMENTARY  SECONDARY VOCATIONAL /	ANTON  UND  NAME OF SCHO  (Write in full)  ICHON ELEMENTARY	ABIÑON IIETA FABILLAR V LEYSON ANTONIETA WOODS OL SCHOOL	WOODS  BASIC EDUCATION/DEGRE		PERIOD OF A	To 2007	HIGHEST LEVEL/ UNITS EARNED	YEAR GRADUATED	ACADEMIC HONORS	
BUSINESS ADDRESS  TELEPHONE NO.  4. FATHER'S SURNAME FIRST NAME MIDDLE NAME  5. MOTHER'S MAIDEN NAME SURNAME FIRST NAME MIDDLE NAME  I. EDUCATIONAL BACKGRO  6. LEVEL  ELEMENTARY  SECONDARY  VOCATIONAL/ TRADE COURSE	NAME OF SCHO (Write in full)  ICHON ELEMENTARY SAINT JOSEPH COL	ABIÑON IIETA FABILLAR V LEYSON ANTONIETA WOODS OL SCHOOL LLEGE VERSITY	BASIC EDUCATION/DEGRE (Write in full)  BACHELOR OF SECONDARY MATHEMATICS  MASTER IN EDUCATION - MA	EDUCATION -	PERIOD OF A From 2000 2007	To 2007 2011	HIGHEST LEVEL/ UNITS EARNED	YEAR GRADUATED  2007  2011	ACADEMIC HONORS RECEIVED	
BUSINESS ADDRESS  TELEPHONE NO.  4. FATHER'S SURNAME FIRST NAME MIDDLE NAME  5. MOTHER'S MAIDEN NAME SURNAME FIRST NAME MIDDLE NAME  I. EDUCATIONAL BACKGRO  6. LEVEL  ELEMENTARY  SECONDARY  VOCATIONAL / TRADE COURSE  COLLEGE	ANTON  UND  NAME OF SCHO (Write in full)  ICHON ELEMENTARY  SAINT JOSEPH COL  LEYTE NORMAL UNIV	ABIÑON IIETA FABILLAR V LEYSON ANTONIETA WOODS OL SCHOOL LLEGE VERSITY	BASIC EDUCATION/DEGRE (Write in full)  BACHELOR OF SECONDARY MATHEMATICS  MASTER IN EDUCATION - MA	EDUCATION -	PERIOD OF A From 2000 2007 2011 2016	To 2007 2011 2015	HIGHEST LEVEL/ UNITS EARNED	YEAR GRADUATED  2007  2011  2015	ACADEMIC HONORS RECEIVED	

IV. CIVIL SEF	RVICE ELIGIB	ILITY							
27. CAREER SERVICE/ RA 1080 (BOARD/ BAR) UNDER SPECIAL LAWS/ CES/ CSEE BARANGAY		RATING	DATE OF EXAMINATION /	/ PLACE OF EXAMINATION / CONFERMENT			LICENSE (if ap		
ELIGIBILITY / DRIVER'S LICENSE (II Applie			(If Applicable)	CONFERMENT					Date of Validity
CAREER SERVICE PROFESSIONAL ELIGIBILTY 83.0			12/9/14	TACLOE	BAN CITY				
LICENSED PROFESSIONAL TEACHER 82.0			82.0	12/17/15	TACLOBAN CITY			1415162	3/28/27
V. WORK EX	DEDIENCE		(C	ontinue on separate sheet i	if necessary)				
		Start from your recent wo	rk) Description of d	uties should be indic	ated in the attached Work E	Experience sl	neet.		
28. INCLUSIVE DATES (mm/dd/yyyy) POSITION TITLE (Write in full/Do not abbreviate)			DEPARTMENT / AGI (Write in ful	MONTHLY SALARY	SALARY/ JOB/ PAY GRADE (if applicable)& STEP (Format "00-0")/	STATUS OF APPOINTMENT	GOV'T SERVICE (Y/ N)		
From	То						INCREMENT		
6/1/15	5/31/19	JUNIOR HIGH SCHO			SEPH COLLEGE	P17,000		REGULAR	N 
10/23/19	10/18/20	TECHNICAL SUPPORT R			FRIX CVG PHILS  PMENT FOUNDATION	P22,500		REGULAR	N
9/13/21	Present	COLLEGE INST	RUCTUR	C	OLLEGE	P20,200		CONTRACTUAL	N
			(C	ontinue on separate sheet l	if necessary)				
SIGNATURE		-V	16		<b>DATE</b> July 5			5, 2024	

VI. VOLU	NTARY WORK OR INVOLVEMENT IN C	IVIC / NON-GOVERNMENT / PEOI	PLE / VOLUNT	ARY ORGANIZ	ATION/S			
29. NAME	E & ADDRESS OF ORGANIZATION in full)	(Write	(mm/d	/E DATES d/yyyy)	NUMBER OF HOURS		POSITION / NATURE OF WORK	
			From	То				
VII. LEAF	RNING AND DEVELOPMENT (L&D) INT		ontinue on separate s AMS ATTENDE				_	
30.			INCLUSIVE DATES			Type of LD	of LD	
30.	TITLE OF LEARNING AND DEVELOPMENT INTEI (Write in full)		(mm/dd/yyyy)		NUMBER OF HOURS	( Managerial/ Supervisory/ Technical/etc)	CONDUCTED/ SPONSORED BY (Write in full)	
	DEPED-PEAC 2018 SUMMER IN-SERV	ICF TRAINIG (INSFT)	From 5/28/18	To 5/30/18	24.0		PRIVATE EDUCATION ASSISTANCE COMMITTEE	
2	27TH SUMMER INSTITUTE IN THE NATURAL SI		4/6/22	4/8/22	24.0		UNIVERSITY OF THE PHILIPPINES BAGUIO	
	THI SOMMER MOTTOTE IN THE NATIONAL ST	SIEROLO AND MATTEMATION	TIGIZE	4/0/22	24.0		SHIVEROFF OF THE FINE BASSIS	
		(Co	ntinue on separate :	sheet if necessary)				
VIII. OTH	HER INFORMATION							
31.	SPECIAL SKILLS and HOBBIES	32. NO		NCTIONS / RECOGN e in full)	ITION		33. MEMBERSHIP IN ASSOCIATION/ORGANIZATION (Write in full)	
	DATA ANALYSIS							
	COOKING							
	WATCHING MOVIES							
	TRAVELLING							
	SIGNATURE	(Co	ntinue on separate	sheet if necessary)	D.	ATE	July 5, 2024	
	OIGHAI UILE	-1/1	/ 8			116	CS FORM 212 (Revised 2017), Page 3 of 4	

34.	Are you related by consanguinity or affinity to the appointing or rechief of bureau or office or to the person who has immediate supplement or Department where you will be apppointed,  a. within the third degree?  b. within the fourth degree (for Local Government Unit - Career E	☐ YES NO ☐ YES NO If YES, give details:					
35.	a. Have you ever been found guilty of any administrative offense	If YES NO If YES, give details:					
	b. Have you been criminally charged before any court?	If 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 court or tribunal?	If YES, give details:					
37.	Have you ever been separated from the service in any of the follour dropped from the rolls, dismissal, termination, end of term, finished public or private sector?		YES NO If YES, give details: Resigned from previous employers				
38.	a. Have you ever been a candidate in a national or local election election)?	YES NO If YES, give details:					
	b. Have you resigned from the government service during the thr to promote/actively campaign for a national or local candidate?	YES If YES, give detail	ls:				
39.	Have you acquired the status of an immigrant or permanent resid	If YES NO If YES, give details (country):					
40.	Pursuant to: (a) Indigenous People's Act (RA 8371); (b) Magna C (c) Solo Parents Welfare Act of 2000 (RA 8972), please answer the						
a.	Are you a member of any indigenous group?		YES If YES, please specify:	NO NO			
b.	Are you a person with disability?	YES If YES, please specify I	D No:				
C.	Are you a solo parent?		YES If YES, please specify I	D No:			
41.	REFERENCES (Person not related by consanguinity or affinity to applicant /appoint	ntee)					
	NAME	ADDRESS	TEL. NO.				
	DR. MARIETTA D. COLICO	MAASIN CITY, SOUTHERN LEYTE	9280971980				
	MR. RANIEL G. ANINAPON	MALITBOG, SOUTHERN LEYTE	9954393220				
40	DR. MELODINA L. DELA CRUZ	MAASIN CITY, SOUTHERN LEYTE	9222184368				
42.	I declare under oath that I have personally accomplished this statement pursuant to the provisions of pertinent laws, rules and agency head/authorized representative to verify/validate the con made in this document and its attachments shall cause the filing	regulations of the Republic of the Philippine stated herein. I agree that any n	s. I authorize the nisrepresentation	РНОТО			
	overnment Issued ID (i.e.Passport, GSIS, SSS, PRC, Driver's License, etc.)  LEASE INDICATE ID Number and Date of Issuance	-AN 6					
┢	overnment Issued ID: PRC LICENSE	- W					
-	//License/Passport No.: 1415162 ate/Place of Issuance: 12/21/2015 TACLOBAN CITY	x)	Right Thumbmark				
L			Right Humbhark				
	SUBSCRIBED AND SWORN to before me this	, affiant exhibitin	g his/her validly issued go	vernment ID as indicated above.			
		Person Administering Oath					
				CS FORM 212 (Revised 2017). Page 4 of 4			