

# 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 ( ☐ and use separate sheet if necessary. Indicate N/A if not applicable. **DO NOT ABBREVIATE.** 1. CS ID No. (Do not fill up. For CSC use only)

## I. PERSONAL INFORMATION


2. SURNAME	LAYOLA		
FIRST NAME	CHRISTINE	NAME EXTENSION (JR., SR)	
MIDDLE NAME	BARIKIT		
3. DATE OF BIRTH (mm/dd/yyyy)	7/3/2001	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	Hinapu Daku, Maasin City, Southern Leyte	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	N/A CENTRAL 1 House/Block/Lot No. Street N/A HINAPU DAKU Subdivision/Village Barangay MAASIN CITY SOUTHERN LEYTE City/Municipality Province
7. HEIGHT (m)	1.47	ZIP CODE	6600
8. WEIGHT (kg)	40		
9. BLOOD TYPE		18. PERMANENT ADDRESS	N/A CENTRAL 1 House/Block/Lot No. Street N/A HINAPU DAKU Subdivision/Village Barangay MAASIN CITY SOUTHERN LEYTE City/Municipality Province
10. GSIS ID NO.		ZIP CODE	6600
11. PAG-IBIG ID NO.			
12. PHILHEALTH NO.	13-252255208-2		
13. SSS NO.		19. TELEPHONE NO.	NONE
14. TIN NO.	627-443-968-00000	20. MOBILE NO.	09308955547
15. AGENCY EMPLOYEE NO.	NONE	21. E-MAIL ADDRESS (if any)	<a href="mailto:christinelayola070301@gmail.com">christinelayola070301@gmail.com</a>

## II. FAMILY BACKGROUND

22. SPOUSE'S SURNAME	NONE		23. NAME of CHILDREN (Write full name and list all)	DATE OF BIRTH (mm/dd/yyyy)
FIRST NAME	N/A	NAME EXTENSION (JR., SR)	NONE	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	CRISTITUTO	NAME EXTENSION (JR., SR)		
MIDDLE NAME	JOVITA			
25. MOTHER'S MAIDEN NAME				
SURNAME	BARIKIT			
FIRST NAME	JULIET			
MIDDLE NAME	AGODO		(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	HINAPU DAKU ELEMENTARY SCHOOL	ELEMENTARY	2007	2013	N/A	2013	2nd Honor
SECONDARY	SOUTHERN LEYTE STATE UNIVERSITY-TOMAS OPPUS CAMPUS	SENIOR HIGH SCHOOL	2017	2019	N/A	2019	With Honor
VOCATIONAL / TRADE COURSE	NONE	N/A	N/A	N/A	N/A	N/A	N/A
COLLEGE	SOUTHERN LEYTE STATE UNIVERSITY-TOMAS OPPUS CAMPUS	BACHELOR OF SECONDARY EDUCATION MAJOR IN SOCIAL STUDIES	2019	2023	N/A	2023	CUM LAUDE
GRADUATE STUDIES	NONE	N/A	N/A	N/A	N/A	N/A	N/A
(Continue on separate sheet if necessary)							
SIGNATURE			DATE		06/23/2024		

IV. CIVIL SERVICE ELIGIBILITY						
27.	CAREER SERVICE/ RA 1080 (BOARD/ BAR) UNDER SPECIAL LAWS/ CES/ CSEE BARANGAY ELIGIBILITY / DRIVER'S LICENSE	RATING (If Applicable)	DATE OF EXAMINATION / CONFERMENT	PLACE OF EXAMINATION / CONFERMENT	LICENSE (if applicable)	
					NUMBER	Date of Validity
	LICENSURE EXAMINATION FOR TEACHER	87.00%	03/17/2024	TACLOBAN CITY	N/A	N/A
	HONOR GRADUATE ELIGIBILITY (CIVIL SERVICE)	N/A	N/A	N/A	N/A	N/A
(Continue on separate sheet if necessary)						

*(Continue on separate sheet if necessary)*

## V. WORK EXPERIENCE

[illegible]


(Continue on separate sheet if necessary)

<b>SIGNATURE</b>		<b>DATE</b>	06/23/2024
------------------	---	-------------	------------

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

29.	NAME & ADDRESS OF ORGANIZATION (Write in full)	INCLUSIVE DATES (mm/dd/yyyy)		NUMBER OF HOURS	POSITION / NATURE OF WORK
		From	To		
	PHILIPPINE ASSOCIATION FOR TEACHERS AND EDUCATORS (PAFTE)	N/A	N/A	N/A	MEMBER

(Continue on separate sheet if necessary)

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


(Start from the most recent L&D/training program and include only the relevant L&D/training taken for the last five (5) years for Division Chief/Executive/Managerial positions)

30.	TITLE OF LEARNING AND DEVELOPMENT INTERVENTIONS/TRAINING PROGRAMS (Write in full)	INCLUSIVE DATES OF ATTENDANCE (mm/dd/yyyy)		NUMBER OF HOURS	Type of LD ( Managerial/ Supervisory/ Technical/etc)	CONDUCTED/ SPONSORED BY (Write in full)
		From	To			
	ORIENTATION ON ANTI-TRAFFICKING IN PERSON (ATIP)	2/22/2023	2/22/2023	4 HOURS	N/A	MAJALALIL C. FLORES, RSW
	NATIONAL WOMEN'S MONTH	03/10/2023	03/10/2023	8 HOURS	N/A	SHEILA B. ESTELA

(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)
-----	----------------------------	-----	--	-----	---

COMPUTER LITERATE	NONE	HINAPU DAKU YOUTH ORGANIZATION
MICROSOFT SKILLS	NONE	EDMUND RICE MINISTRY VOLUNTEER
COMMUNICATION SKILLS	NONE	PHILIPPINE ASSOCIATION OF TEACHERS AND EDUCATORS
SPORTS ENTHUSIAST	EVRAA PLAYER/ ATHLETE OF THE YEAR	
(Continue on separate sheet if necessary)		
SIGNATURE		DATE
		06/23/2024

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?			<div><input type="checkbox"/> YES<input checked="" type="checkbox"/> NO</div> <div><input type="checkbox"/> YES<input checked="" type="checkbox"/> NO</div> <div>If YES, give details: _____</div>		
35. a. Have you ever been found guilty of any administrative offense?  b. Have you been criminally charged before any court?			<div><input type="checkbox"/> YES<input checked="" type="checkbox"/> NO</div> <div>If YES, give details: _____</div>		
			<div><input type="checkbox"/> YES<input checked="" type="checkbox"/> NO</div> <div>If YES, give details: Date Filed: _____ Status of Case/s: _____</div>		
36. Have you ever been convicted of any crime or violation of any law, decree, ordinance or regulation by any court or tribunal?			<div><input type="checkbox"/> YES<input checked="" type="checkbox"/> NO</div> <div>If YES, give details: _____</div>		
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?			<div><input type="checkbox"/> YES<input checked="" type="checkbox"/> NO</div> <div>If YES, give details: _____</div>		
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?			<div><input type="checkbox"/> YES<input checked="" type="checkbox"/> NO</div> <div>If YES, give details: _____</div>		
			<div><input type="checkbox"/> YES<input checked="" type="checkbox"/> NO</div> <div>If YES, give details: _____</div>		
39. Have you acquired the status of an immigrant or permanent resident of another country?			<div><input type="checkbox"/> YES<input checked="" type="checkbox"/> NO</div> <div>If YES, give details (country): _____</div>		
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?			<div><input type="checkbox"/> YES<input checked="" type="checkbox"/> NO</div> <div>If YES, please specify: _____</div> <div><input type="checkbox"/> YES<input checked="" type="checkbox"/> NO</div> <div>If YES, please specify ID No: _____</div> <div><input type="checkbox"/> YES<input checked="" type="checkbox"/> NO</div> <div>If YES, please specify ID No: _____</div>		
41. REFERENCES (Person not related by consanguinity or affinity to applicant /appointee)					
NAME			ADDRESS		TEL. NO.
LEONEL B. BERSABAL (Principal)			HINAPU DAKU, MAASIN CITY SOUTHERN LEYTE		09471515364
MELANIE ANN D. LINAO (State Auditor IV Commission on Audit LGAS-F)			ASUNSION, MAASIN CITY, SOUTHERN LEYTE		09178104561
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.					
<div>Government Issued ID (i.e.Passport, GSIS, SSS, PRC, Driver's License, etc.) PLEASE INDICATE ID Number and Date of Issuance</div> <div>Government Issued ID: NATIONAL ID</div> <div>ID/License/Passport No.: 4867-5389-2639-6478</div> <div>Date/Place of Issuance: 09/28/2022</div>			<div><div></div><div>Signature (Sign inside the box)</div><div>06/23/2024</div><div>Date Accomplished</div></div>		<div><div></div><div>PHOTO</div></div> <div><div></div><div>Right Thumbmark</div></div>
SUBSCRIBED AND SWORN to before me this _____, affiant exhibiting his/her validly issued government ID as indicated above.					
<div></div> <div>Person Administering Oath</div>					