CS Form No. 212 Revised 2017 WARNING: Any misrepresenta	PERSO	NAL DAT			riminal race/e ar	nainst the per	rson
concerned.	TO FILLING OUT THE PERSONAL DATA SHE				illillillilli (8303 ag	James and pur	1500 
Print legibly. Tick appropriate boxes	( ) and use separate sheet if necessary. Indicate N	N/A if not applicable. DO NOT A	BBREVIATE.	1 CS ID No.		(Do not fill up F	For CSC use only
I PERSONAL INFORMATIO							
2 SURNAME	LAYOLA						
FIRST NAME	LEVEN				NAME EXTENSION (JR.	SR)	N/A
MIDDLE NAME	TIMKANG						
3 DATE OF BIRTH (mm/dd/yyyy)	07/07/1989	16 CITIZENSHIP		✓ Filipino ☐ Dual Citizenship ☐ by birth ☐ by naturalization			zation
4 PLACE OF BIRTH	IPHO MAASIN, SOUTHERN LEYTE	If holder of dual citize	nship,		Pls. indicate country:		
5. SEX	✓ Male ☐ Female	please indicate the de	etails				~
6 CIVIL STATUS	✓ Single	17. RESIDENTIAL ADDRESS		se/Block/Lot No.		Street STA. CRUZ Barangay	
7 HEIGHT (m)	1.72	1		BAYBAY		LEYTE	
8. WEIGHT (kg)	82	ZIP CODE	C	ty/Municipality	6521	Province	
9 BLOOD TYPE	B+	18. PERMANENT ADDRESS					
10. GSIS ID NO.	N/A	1	Hou	se/Block/Lot No.		Street CABULIHAN	
14 PAG IDIG ID NO	-	-	Sut	bdivision/Village MAASIN		Barangay SOUTHERN LEY	VTE
11. PAG-IBIG ID NO.	121159066090	_	C	ty/Municipality		Province	115
12 PHILHEALTH NO.	030505191109	ZIP CODE	6600				
13. SSS NO	3414321602	19. TELEPHONE NO.		N/A			
14 TIN NO.	400-943-656-000	20 MOBILE NO.		09466602764			
15. AGENCY EMPLOYEE NO.	N/A	21. E-MAIL ADDRESS (if any)	levenlayola897@gmail.com				
II. FAMILY BACKGROUND				A 245		OF THE	
22 SPOUSE'S SURNAME	N/A		23. NAME of CH	ILDREN (Write full name and	list all)	DATE OF BIRT	TH (mm/dd/yyyy)
FIRST NAME	N/A	NAME EXTENSION (JR., SR)		ZAMIRA VYENN B. LAYOL	A	09/07	7/2018
MIDDLE NAME	NA			GIANNA HOPE B. LAYOLA		11/16/2020	
OCCUPATION	N/A						
EMPLOYER/BUSINESS NAME	N/A						
BUSINESS ADDRESS	N/A						
TELEPHONE NO.	N/A						
24. FATHER'S SURNAME	LAYOLA						
FIRST NAME	BONIFACIO	NAME EXTENSION (JR., SR) N/A					
MIDDLE NAME	TIMKANG						
25 MOTHER'S MAIDEN NAME							
SURNAME	TIMKANG			- C			
FIRST NAME	AMELITA						
MIDDLE NAME	PELAEZ		(Continue on separate sheet if necessary)				
III. EDUGATIONAL BACKG	101 (B108) 21.7130.			A CONTRACTOR OF THE CONTRACTOR	- CONTRACTOR OF THE CONTRACTOR	3.5	

LEVEL UNITS EARNED GRADUATED HONORS RECEIVED (Write in full) (Write in full) From To 06/01/1995 04/01/2001 GRADUATED ELEMENTARY CABULIHAN ELEMENTARY SCHOOL 2001 N/A SECONDARY GUADALUPE NATIONAL HIGH SCHOOL 06/01/2001 04/01/2005 GRADUATED 2005 N/A VOCATIONAL / TRADE COURSE BACHELOR OF SCIENCE IN MARINE TRANSPORTATION COLLEGE PNTC - COLLEGES 06/01/2011 04/01/2014 3RD YEAR 2014 N/A GRADUATE STUDIES (Continue on separate sheet if necessary)

SIGNATURE

DATE JULY 31, 7025

		080 (BOARD/ BAR) UNDER	RATING	DATE OF				LICENSE (fac	(phositie)
8.4		VS/ CES/ CSEE TY / DRIVER'S LICENSE	(If Applicable)	EXAMINATION / CONFERMENT	PLACE OF EXAMINA	TION / CONFER	EMENT	NUMBER	Date of Validity
CAREER SERVICE - SUB-PROFESSIONAL 88.27		03/02/2025	SAINT JOSEPH COLLEGE, MAASIN CITY, SOUTHERN LEYTE		SIN CITY,	N/A	N/A		
						-			
	EXPERIENCE	al. Start from your recen	MARINE DE LA COLONIA DE LA COL	ontinue on separate sheet	if nocessary) andicated in the attached	d Work Expe	orierice sheet		
INCL (r	USIVE DATES nm/dd/yyyy)	POSITION T (Write in full/Do not	TITLE	DEPARTMENT / AG	ENCY / OFFICE / COMPANY I/Do not abbreviate)	MONTHLY SALARY	SALARYI XOBI PAY GRADE (M applicable)& STEP (Formal 100-01)	STATUS OF APPOINTMENT	GOVT SERVIC (Y/N)
From 07/2023	To CURRENT	17 6**		Vet 15:	ICCIONE OFFICE	40000 11	INCREMENT	100 00000	
	-	IT - STA			ISSIONS OFFICE	12671.40	N/A	JOB ORDER	Y
16/2019	04/30/2020	KITCHEN S			NOODLE HOUSE	15500.00	N/A	JOB ORDER	N
/28/2016	04/04/2016	ORDINARY S			INT'L SHIPPING	21000.00	21000.00 N/A 1000.00 N/A	JOB ORDER JOB ORDER	N N
/01/2015	02/27/2016	UTILITY PER:	SONNEL	ALSTER	INT'L SHIPPING	1000.00			
/01/2007	01/10/2010	BARCODER/TECHNICAL SUPPORT		MRMR TRAD	ING ENTERPRISES	9750.00	N/A	JOB ORDER	N
SIGN	NATURE	0	tyck (C	ontinue on separate sheet	if necessary)  DATE		July	31, 2025	

VI. VOLUNTARY WORK OR INVOLVEMENT I	N GIVIC / NON-GOVERNMENT	/ PEOPLE / I	YOLUNTARY (	ORGANIZATION	15		
29 NAME & ADDRESS OF OR (Write in full)		(mm	SIVE DATES	NUMBER OF HOURS	POSITION / NATURE OF WORK		
		From	То				
		-		+			
			-	-			
			-	-			
	(Co	ntinue on separat	e sheet if necessar	y)			
VII. LEARNING AND DEVELOPMENT (L&D)	INTERVENTIONS/TRAINING P			1			
30 TITLE OF LEARNING AND DEVELOPMENT INTE	RVENTIONS/TRAINING PROGRAMS	INCLUSIVE DATES OF ATTENDANCE			Type of LD (Managerial/	CONDUCTED/ SPONSORED BY	
(Write in full)		(mm/dd/yyyy) From To		NUMBER OF HOURS	Supervisory/ Technical/etc)	(Write in full)	
RECLAIMING PERSONAL EFFECTIVENESS: A JOURN	EY TO SELF-EMPOWERMENT	05/28/2024	05/30/2024	8.0		VISAYAS STATE UNIVERSITY (HRMO)	
ISO: 9001:2015 AWARENESS & RE-AWARENESS SEM	INAR	09/09/2024	09/09/2024	4.0		VISAYAS STATE UNIVERSITY (QAC)	
ISO: 9001:2015 AWARENESS & RE-AWARENESS WEE	IINAR	08/29/2023	08/29/2023	4.0		VISAYAS STATE UNIVERSITY (QAC)	
BASIC TRAINING (SC	DLAS)	03/24/2014	04/01/2014	62.0		MARINA(STCW)	
RATINGS FORMING PART OF NAV	GATIONAL WATCH	02/04/2014	02/07/2014	30.0		MARINA(STCW)	
	(0.		h shout if nacessay	nd l			
VIII. OTHER INFORMATION	(Ca	manue un sepala	e sheet if necessar	ALCO DE LA			
	32. NO		TINCTIONS / RECO	GNITION		33. MEMBERSHIP IN ASSOCIATION/ORGANIZATION (Write in full)	
		(W	trite in full)				
COMPUTER OPERATION							
COMPUTER TROUBLESHOOTING							
TEAM SPORTS					-		
COOKING				-			
***************************************							
	(Co	ntinue on separat	e sheet if necessar	γ)			
SIGNATURE	Algo	b		DA	TE	JULY 31, 2025	
	1-9-					CS FORM 212 (Revised 2017), Page 3 of 4	

34	The second secon							
34	Are you related by consanguinity or affinity to the appointing of chief of bureau or office or to the person who has immediate share an or Decades at the constant of the person who has immediate share an or Decades at the constant of the person who has immediate share at the constant of the person who has immediate share at the constant of the person who has immediate share at the constant of the person who has immediate share at the constant of the person who has immediate share at the constant of the person who has immediate share at the constant of the person who has immediate share at the constant of the person who has immediate share at the constant of the person who has immediate share at the constant of the person who has immediate share at the constant of the person who has immediate share at the constant of the person who has immediate share at the constant of the person who has immediate share at the constant of the person who has immediate share at the constant of the person who has immediate share at the constant of the person who has immediate share at the constant of the person who has immediate share at the constant of the person who have at the constant of the person who have at the constant of the person of the							
	our day of Department where you will be apppointed,							
	a within the third degree?	☐ YES ☑ NO						
	b. within the fourth degree (for Local Government Unit - Care-	☐ YES ☑ NO						
		If YES, give details:						
35	a Have you ever been found guilty of any administrative offer	nse?	☐ YES					
		☐ YES ☑ NO If YES, give details:						
			ii 120, give details:					
	e w							
	b. Have you been criminally charged before any court?		☐ YES					
			If YES, give details:					
		Date Filed:						
_	W		Status of Case/s:					
36	Have you ever been convicted of any crime or violation of an	y law, decree, ordinance or regulation by	☐ YES ☑ NO					
	any court or tribunal?		If YES, give details:					
			ii 120, give details.					
37	Have you ever been separated from the service in any of the	following modes:						
	dropped from the rolls, dismissal, termination, end of term, fir	hished contract or phased out (abolitical)	YES NO					
	in the public or private sector?	on deciding phased out (aboution)	If YES, give details: RESIGN PLANNED	TO RETURN TO STUDYING				
38	a. Have you ever been a candidate in a national or local elec	tion held within the last year /except						
	Barangay election)?	son now main the last year (except	YES N	0				
	h Have you recigned from the annual		If YES, give details:					
1	b. Have you resigned from the government service during the election to promote/actively campaign for a national or local of	e three (3)-month period before the last	☐ 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) Mag	na 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?		YES V N	10				
			If YES, please specify:	10				
b.	Are you a person with disability?		☐ YES ☑ NO					
,	Ara you a colo porcet?		If YES, please specify ID No:					
•	Are you a solo parent?		☐ YES ☑ NO					
_			If YES, please specify ID No:					
41	REFERENCES (Person not related by consanguinity or affinity to applicant)	(appointee)						
	NAME	ADDRESS	TEL NO.					
-	IOSERILE DADILLA	VISAYAS STATE UNIVERSITY, BAYBAY						
	JOSEPH E. PADILLA	CITY, LEYTE	9959728112					
	RAYMUND M. IGCASAMA	VISAYAS STATE UNIVERSITY, BAYBAY	9985663919	20				
-		CITY, LEYTE VISAYAS STATE UNIVERSITY, BAYBAY		23				
	JESUS FREDDY M. BALDOS	CITY, LEYTE	9985518560					
42	I declare under oath that I have personally accomplished	this Personal Data Sheet which is a t	rue, correct and	-1				
	complete statement pursuant to the provisions of pertine	ent laws, rules and regulations of the	Republic of the					
	Philippines. I authorize the agency head/authorized represe	ntative to verify/validate the contents state	ed herein.					
	agree that any misrepresentation made in this docur administrative/criminal case/s against me.	ment and its attachments shall caus	e the filing of	PHOTO				
_								
G	overnment Issued ID (i.e Passport, GSIS, SSS, PRC, Driver's License, etc.)			( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( )				
	LEASE INDICATE ID Number and Date of Issuance	- A		MATERIAL STATE				
Go	overnment Issued ID: PHILHEALTH	"						
		11	W. Santa					
	/License/Passport No.: 03-050519110-9	ox)	1					
D:	ste/Place of Issuance: MAASIN CITY, SO. LEYTE	25	Right Thumbmark					
<u> </u>	Date Accomplished Right Thumbmark							
	SUBSCRIBED AND SWORN to before me this, affiant exhibiting his/her validly issued government ID as indicated above							
	1							
	1							
		th						
		Person Administering Oa						