

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	LEVEN	NAME EXTENSION (JR., SR.) N/A	
MIDDLE NAME	TIMKANG		
3. DATE OF BIRTH (mm/dd/yyyy)	07/07/1989	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	IPHO MAASIN, SOUTHERN LEYTE	If holder of dual citizenship, please indicate the details.	
5. SEX	<input checked="" type="checkbox"/> Male <input 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 STA. CRUZ Subdivision/Village Barangay BAYBAY LEYTE City/Municipality Province
7. HEIGHT (m)	1.72	ZIP CODE	6521
8. WEIGHT (kg)	82		
9. BLOOD TYPE	B+	18. PERMANENT ADDRESS	House/Block/Lot No. Street CABULIHAN Subdivision/Village Barangay MAASIN SOUTHERN LEYTE City/Municipality Province
10. GSIS ID NO.	N/A	ZIP CODE	6600
11. PAG-IBIG ID NO.	121159066090		
12. PHILHEALTH NO.	030505191109		
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

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.)	ZAMIRA VYENN B. LAYOLA	09/07/2018
MIDDLE NAME	N/A		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			
FIRST NAME	AMELITA			
MIDDLE NAME	PELAEZ			

(Continue on separate sheet if necessary)

III. EDUCATIONAL BACKGROUND

25. 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	CABULIHAN ELEMENTARY SCHOOL		06/01/1995	04/01/2001	GRADUATED	2001	N/A
SECONDARY	GUADALUPE NATIONAL HIGH SCHOOL		06/01/2001	04/01/2005	GRADUATED	2005	N/A
VOCATIONAL / TRADE COURSE							
COLLEGE	PNTC - COLLEGES	BACHELOR OF SCIENCE IN MARINE TRANSPORTATION	06/01/2011	04/01/2014	3RD YEAR	2014	N/A
GRADUATE STUDIES							

(Continue on separate sheet if necessary)

SIGNATURE		DATE	July 31, 2025
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[illegible]

V. WORK EXPERIENCE

(Include private employment. Start from your recent work) Description of duties should be indicated in the attached Work Experience sheet.

[illegible]

SIGNATURE		DATE	July 31, 2025
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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&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)
	COMPUTER OPERATION				
	COMPUTER TROUBLESHOOTING				
	TEAM SPORTS				
	COOKING				

(Continue on separate sheet if necessary)

SIGNATURE		DATE	JULY 31, 2025
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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: _____
RESIGN PLANNED TO RETURN TO STUDYING

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.
JOSEPH E. PADILLA	VISAYAS STATE UNIVERSITY, BAYBAY CITY, LEYTE	9959728112
RAYMUND M. IGCASAMA	VISAYAS STATE UNIVERSITY, BAYBAY CITY, LEYTE	9985663919
JESUS FREDDY M. BALDOS	VISAYAS STATE UNIVERSITY, BAYBAY CITY, LEYTE	9985518560



PHOTO

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: PHILHEALTH

ID/License/Passport No.: 03-050519110-9

Date/Place of Issuance: MAASIN CITY, SO. LEYTE

[Signature]

Signature (Sign inside the box)

July 20, 2025

Date Accomplished



Right Thumbmark

SUBSCRIBED AND SWORN to before me this _____, affiant exhibiting his/her validly issued government ID as indicated above

Person Administering Oath