

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 () a 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	LESTER	NAME EXTENSION (JR., SR) N/A	
MIDDLE NAME	GUARTE		
3. DATE OF BIRTH (mm/dd/yyyy)	1/5/1988	16. CITIZENSHIP	<input checked="" type="checkbox"/> Filipino <input type="checkbox"/> Dual Citizenship
4. PLACE OF BIRTH	MAASIN CITY, SO. LEYTE	If holder of dual citizenship, please indicate the details.	<input type="checkbox"/> by birth <input type="checkbox"/> by naturalization Pls. indicate country:
5. SEX	<input checked="" type="checkbox"/> Male <input type="checkbox"/> Female		
6. CIVIL STATUS	<input type="checkbox"/> Single <input checked="" type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Separated <input type="checkbox"/> Other/s:	17. RESIDENTIAL ADDRESS	House/Block/Lot No. Street
7. HEIGHT (m)	1.70	ZIP CODE	CABULIHAN
8. WEIGHT (kg)	78		Subdivision/Village Barangay
9. BLOOD TYPE	O+		MAASIN SO. LEYTE
10. GSIS ID NO.	N/A		City/Municipality Province
11. PAG-IBIG ID NO.	1212-0137-3331	18. PERMANENT ADDRESS	6600
12. PHILHEALTH NO.	13-000103431-7		House/Block/Lot No. Street
13. SSS NO.	06-2644013-8		SANTA CRUZ
14. TIN NO.	413-564-615		Subdivision/Village Barangay
15. AGENCY EMPLOYEE NO.	N/A	ZIP CODE	BAYBAY LEYTE
19. TELEPHONE NO.			City/Municipality Province
20. MOBILE NO.		6521 - A	
21. E-MAIL ADDRESS (if any)	lester.layola@vsu.edu.ph		

II. FAMILY BACKGROUND

22. SPOUSE'S SURNAME	LAYOLA		23. NAME of CHILDREN (Write full name and list all)	DATE OF BIRTH (mm/dd/yyyy)
FIRST NAME	BRENDA	NAME EXTENSION (JR., SR)	ZEITH IVAN G. LAYOLA	3/18/2013
MIDDLE NAME	GUALBERTO		ZOEY IVORY G. LAYOLA	1/4/2019
OCCUPATION	HOUSEWIFE			
EMPLOYER/BUSINESS NAME	N/A			
BUSINESS ADDRESS	N/A			
TELEPHONE NO.	N/A			
24. FATHER'S SURNAME	LAYOLA			
FIRST NAME	EFREN	NAME EXTENSION (JR., SR)		
MIDDLE NAME	AROY			
25. MOTHER'S MAIDEN NAME				
SURNAME	GUARTE			
FIRST NAME	VIRGINIA			
MIDDLE NAME	CARINO			

(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	CABULIHAN ELEMENTARY SCHOOL	ELEMENTARY	1995	2001	N/A	2001	N/A
SECONDARY	GUADALUPE NATIONAL HIGH SCHOOL	HIGH SCHOOL	2001	2005	N/A	2005	N/A
VOCATIONAL / TRADE COURSE	N/A	N/A	N/A	N/A	N/A	N/A	N/A
COLLEGE	SAINT JOSEPH COLLEGE, MAASIN, SO. LEYTE	BS IN BUSINESS ADMINISTRATION MAJOR IN HUMAN RESOURCE DEVELOPMENT MANAGEMENT	2020	2022	170 units	N/A	N/A
GRADUATE STUDIES	N/A	N/A	N/A	N/A	N/A	N/A	N/A

(Continue on separate sheet if necessary)

SIGNATURE		DATE	March 11, 2022
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IV. CIVIL SERVICE ELIGIBILITY

[illegible]

(Continue on separate sheet if necessary)

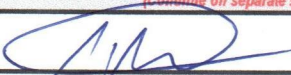
V. WORK EXPERIENCE




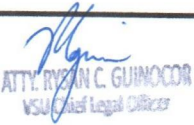
(Include private employment. Start from your recent work) Description of duties should be indicated in the attached Work Experience sheet.

[illegible]

(Continue on separate sheet if necessary)

SIGNATURE		DATE		March 11, 2022
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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			
	N/A	N/A	N/A	N/A	N/A	
(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			
	Target Setting Workshop	8/20/2018	8/21/2018	16	Technical	VSU
	Orientation Workshop Among J.O. Clerks & Laboratory Technicians	1/15/2019	1/15/2019	8	Technical	VSU
	In- House Training on Republic Act 9184 and the 2016 Revised Implementing Rules and Regulations	7/10/2021	7/12/2019	24	Technical	GPPB-TSO & VSU
	Virtual Training on 9184 and its Revised Implementing Rules and Regulations	5/3/2021	5/7/2021	40	Technical	GPPB-TSO
(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)	
	Basketball		N/A		N/A	
(Continue on separate sheet if necessary)						
SIGNATURE				DATE	March 11, 2022	

<div>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)?</div>		<div><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></div>												
<div>35. a. Have you ever been found guilty of any administrative offense? b. Have you been criminally charged before any court?</div>		<div><div><input type="checkbox"/> YES<input checked="" type="checkbox"/> NO</div><div>If YES, give details:</div><div><div><input type="checkbox"/> YES<input checked="" type="checkbox"/> NO</div><div>If YES, give details:</div><div>Date Filed:</div><div>Status of Case/s:</div></div></div>												
<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>		<div><div><input type="checkbox"/> YES<input checked="" type="checkbox"/> NO</div><div>If YES, give details:</div></div>												
<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>		<div><div><input type="checkbox"/> YES<input checked="" type="checkbox"/> NO</div><div>If YES, give details:</div></div>												
<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>		<div><div><div><input type="checkbox"/> YES<input checked="" type="checkbox"/> NO</div><div>If YES, give details:</div></div><div><div><input type="checkbox"/> YES<input checked="" type="checkbox"/> NO</div><div>If YES, give details:</div></div></div>												
<div>39. Have you acquired the status of an immigrant or permanent resident of another country?</div>		<div><div><input type="checkbox"/> YES<input checked="" type="checkbox"/> NO</div><div>If YES, give details (country):</div></div>												
<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>		<div><div><div><input type="checkbox"/> YES<input checked="" type="checkbox"/> NO</div><div>If YES, please specify:</div></div><div><div><input type="checkbox"/> YES<input checked="" type="checkbox"/> NO</div><div>If YES, please specify ID No:</div></div><div><div><input type="checkbox"/> YES<input checked="" type="checkbox"/> NO</div><div>If YES, please specify ID No:</div></div></div>												
<div>41. REFERENCES (Person not related by consanguinity or affinity to applicant /appointee)</div> <table><tr><th>NAME</th><th>ADDRESS</th><th>TEL. NO.</th></tr><tr><td>JESSAMINE C. ECLEO</td><td>VSU</td><td>9985550106</td></tr><tr><td>ALICIA M. FLORES</td><td>VSU</td><td>9176341430</td></tr><tr><td>MOISES NEIL V. SERINO, PhD</td><td>VSU</td><td>9363706515</td></tr></table>			NAME	ADDRESS	TEL. NO.	JESSAMINE C. ECLEO	VSU	9985550106	ALICIA M. FLORES	VSU	9176341430	MOISES NEIL V. SERINO, PhD	VSU	9363706515
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<div>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>		<div> PHOTO</div>												
<div><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: Unified Multi-Purpose ID</div><div>ID/License/Passport No.: 0111-4371975-0</div><div>Date/Place of Issuance: 7/2/2015</div></div>	<div><div> Signature (Sign inside the box) March 11, 2022 Date Accomplished</div></div>	<div><div> Right Thumbmark</div></div>												
<div>SUBSCRIBED AND SWORN to before me this 07 APR 2022, affiant exhibiting his/her validly issued government ID as indicated above.</div> <div><div> ATTY. RYAN C. GUINOCOR VSU Chief Legal Officer</div><div>Person Administering Oath</div></div>														