## VISAYAS STATE UNIVERSITY PERSONAL DATA SHEET

For Job Order Workers

| Print legibly. Mark appropriate boxes with " und use separate sheet if necessary.   |                                  |   |                       |  |  |  |   |                            |                            |  |
|---|----------------------------------|---|-----------------------|--|--|--|---|----------------------------|----------------------------|--|
| 1. SURNAME DIOIRIOINI   |                                  |   |                       |  |  |  |   |                            |                            |  |
|   |                                  |   |                       |  |  |  |   |                            |                            |  |
| FIRST NAME  | AIRIN EIL<br>GIUI AIRIT          | 0x 52 50 L to 12  |                       | <u> </u>   | 1 1 1  | I I 2 NAME I   | EXTENSION (e.g. Jr.,  | Gr)                        |                            |  |
| MIDDLE NAME   |                                  |   | 11. PRESENT ADDRESS   |  |  |  |   |                            |                            |  |
| 3. DATE OF BIRTH (mm/dd/yyyy)   | 10 / 09 /1987                    |   | -                     |  | BRGY. PUN                                    | TA, BAYBA  | AY CITY, LEYTE  |                            |                            |  |
| 4. PLACE OF BIRTH   | SIN, SO. LEYTE                   |   |                       |  |  |  |   |                            |                            |  |
|   |                                  |   |                       | 12. ZIP CODE   |  | 6524   |   |                            |                            |  |
| 1   | arated                           |   | 13. TEL. NO./CEL. NO. |  | 09424628491                                  |  |   |                            |                            |  |
|   | ers, specify                     |   |                       |  | 13-025077100-3                               |  |   |                            |                            |  |
| 7. 0171751101110  | FILIPINO 9. WEIGHT (kg) 5        |   |                       | 14. PHILHEALTH NO  | 416-001-938                                  |  |   |                            |                            |  |
| 7. CITIZENSHIP  | 0. 2000                          | 9. WEIGHT (kg)  | 54                    | 16. PAG-IBIG ID NO   |  |  | NATE OF THE PARTY |                            |                            |  |
| 8. HEIGHT (m)  17. SPOUSE'S SURNAME   | 1.64<br>DORON                    | 10. BLOOD TYPE B+ 16. PAG-IBIG ID NO  |                       |  |  | 1212-0386-9362  NAME OF CHILD (Write full name and list all) |   |                            | DATE OF BIRTH (mm/dd/yyyy) |  |
| FIRST NAME  |                                  |   |                       |  | NIÑA MAE D. DORON                            |  |   | 01/29/2011                 |                            |  |
| MIDDLE NAME DECENA  |                                  |   |                       | JANDY D. DORON   |  |  | 05/20/2013  |                            |                            |  |
|   | [ ] Flamentany (Crade Craduated) |   |                       | ANGEL REN D. DORON   |  |  | 12/27/2020  |                            |                            |  |
| 19. HIGHEST EDUCATIONAL ATTAINMENT  (Please check and underline the specific)   |                                  | [ ] Elementary (Grade / Graduated<br>[ ] High School (1st, 2nd, 3rd, 4th, Graduat |                       |  | ANGEL REN D. DORON                           |  |   | 12/2//2020                 |                            |  |
| (Flease check and underline the specific)   |                                  | [ ] College (1st, 2od, 3rd, 4th, Graduated)                                       |                       |  |  |  |   |                            |                            |  |
|   | Degree: NURSING AIDE             |   |                       |  |  |  |   |                            |                            |  |
| 20. CAREER SERVICE ELIG   | IBILITY                          | □ Professional □ Sub-Professio  |                       |  | onal Others, Specify:                        |  |   |                            |                            |  |
| 21. WORK EXPERIENCE<br>INCLUSIVE DATES (mm/dd/yyyy)   |                                  | POSITION TITLE<br>(Write in full)   |                       | DEPARTMENT / AGENCY / OFFICE / SALARY (Daily or Mont (Write in full) |  | SALARY<br>(Daily or Monthly)                                 | STATUS OF<br>APPOINTMENT<br>(Perm/Temp/<br>Job Order)   | GOVT SERVICE<br>(Yes / No) |                            |  |
| From  |                                  |   |                       |  | T T  |  |   |                            |                            |  |
| 06 / 15 / 2009  | 12/31/2019                       | COMPUTER OPERATOR   |                       |  | VSU COMPUTER CENTER 40/HOUR                  |  | JOB ORDER   |                            |                            |  |
| 01/06 / 2020 12 / 31/ 2020 LABORATOR  |                                  |   |                       |  | DEPARTMENT OF CIVIL ENGINEERING 553.40 / DAY |  | JOB ORDER   | YES                        |                            |  |
| 01/01/2021 Present  |                                  | Laboratory Technician   |                       |  | Department of 553.40 / Civil Engineering day |  | Job Order   | Yes                        |                            |  |
| 22.  SPECIAL SKILLS  (i.e. computer skills, typing, welding, plumbing, carpentry, auto mechanic, driving, et. al.)  |                                  | Proficiency (Please check)  |                       |  |  |  |   |                            |                            |  |
|   |                                  | Highly Skilled  |                       | Average  |  | Fair   |   | REMARKS                    |                            |  |
| COMPUTER SKILLS   |                                  | <b>✓</b>  |                       | <b>✓</b>   |  |  |   |                            |                            |  |
| TYPING  |                                  |   |                       | ✓  |  |  |   |                            |                            |  |
| DRIVING   |                                  |   |                       | <b>✓</b>   | <b>✓</b>                                     |  |   |                            |                            |  |
|   |                                  |   |                       |  |  |  |   |                            |                            |  |
|   |                                  |   |                       |  |  |  |   |                            |                            |  |
|   |                                  |   |                       |  |  |  |   |                            |                            |  |
|   |                                  |   |                       |  |  |  |   |                            |                            |  |
| 23. RELEVANT TRAININGS SEMINAR/WORKSHOP   |                                  | INCLUSIVE DATES OF ATTENDANCE<br>(mm/ddl/yyyy)                                    |                       |  |  |  | CONDUCTED ADDROGODED BY   |                            |                            |  |
| ATTENDED<br>(Write in full)   |                                  |   |                       |  | NUMBER OF                                    | HOURS  | RS CONDUCTED/ SPONSORED BY (Write in full)  |                            |                            |  |
|   |                                  | From  |                       | То   |  |  |   |                            |                            |  |
| ORIENTATION WORKSHOP AMONG JO CLERKS  |                                  | 01 / 28 / 2019  |                       | 01/28/2019   | 8 HOUF                                       | RS   | 1ST FLOOR CCE BLDG  |                            | , VSU                      |  |
| ISO 9001:2015 AWARENESS/RE-AWARENESS WEBINAR  |                                  | 11/27/2020  |                       | 11/ 27 / 2020  | 8 HOU  | RS   | WEBINAR VSU   |                            |                            |  |
|   |                                  | 1 1   |                       | 1 1  |  |  |   |                            |                            |  |
|   | 1 1                              | 1 1 1   |                       |  |  |  |   |                            |                            |  |
| I hereby declare that this Personal Data Sheet has been accomplished by me, and is a true, correct and complete statement pursuant to the provisions of pertinent laws, rules and regulations of the Republic of the Philippines. |                                  |   |                       |  |  |  |   |                            |                            |  |
| 24. COMMUNITY TAX CERTIFICATE NO  |                                  | ISSUED AT: IS   |                       |  | SUED ON (mm/dd/yy):                          |  |   |                            |                            |  |
| SIGNATURE : DATE ACCOMPLISHED: (mm/dd/yyyy)   |                                  |   |                       |  |  |  |   |                            |                            |  |