| CS Form No. 212 Revised 2017 | | | | | | |
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| sac antica white | PERSO | NAL DAT | A S | HEET | | |
| WARNING: Any misrepresen | ntation made in the Personal Data Sheet and th | - Mort Francisco Sheet s | And rauge the | The of administration/reinjand cons | to an include the management | |
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| mine resolvey. Inch appropriate point | DE TO FILLING OUT THE PERSONAL DATA SHI res () and use separate sheet if necessary. Indicate | EET (PDS) BEFORE ACCOM NIA it not applicable. DO NOT | APPREVIATE | HE POS FORM. | (Do not fill up. For CSC use | |
| I. PERSONAL INFORMATIO | ION | Peters in other cap | | | fine and an after that when and | |
| 2 SURNAME | CLORES | | | | | |
| FIRST NAME | AIREEN | | | INAME EXTENS | | |
| MIDDLE NAME | YBANEZ | | | | | |
| 3. DATE OF BIRTH (mm/dd/yyyy) | 7/20/1977 | 16 CITIZENSHP | | ☑ Filipino □ Dual Citizens | | |
| ginnasi gyyyap | | | | | | |
| 4. PLACE OF BIRTH | CEBU CITY | If holder of dual citiz | senship, | ∰by birth Pls. indi | by naturalization cate country: | |
| 5. SEX | ☐Maile | please indicate the | details. | | | |
| € OML STATUS | ☐Single ☑ Married | 17. RESIDENTIAL ADDRESS | LAPT, 64 KILB | OURNE DRIVE VSU COMPOUND | 12 | |
| | ☐Wicknwed ☐ Separated | | | House Block Lot No. | Street | |
| process of the second second | Other/s: | | | Subdivision/Village | PANGASUGAN | |
| 7. HEIGHT (m) | 1.524 | | | BAYBAY CITY | Barangay LEYTE | |
| 8. WEIGHT (ligh | 69 KG | ZIP CODE | | Chyllibanicipality | Province | |
| 9. BLOOD TYPE | B | ZIP CODE 18. PERMANENT ADDRESS | | 6521 | | |
| | | | H | tourse-Block Lat No. | Street | |
| 10. GSIS-ID NO. | 77072001292 | A SALE OF THE CONTRACTOR | | Subdivision Village | BRGY. PANIINAM Barangay | |
| 111. PAG-IBRIG RD NIO. | MA | a specific to the transfer of | CARAMOAN CAMARINES SUR | | VES SUR | |
| 12. PHILHEALTH NO. | 19=050944227-8 | ZIP CODE | | Obythunicipality 4429 | Province | |
| 13. SSS NO. | 06-1810365-9 | 19. TELEPHONE NO. | 853 - 563 9920 | | | |
| 14. TINUNO. | 222-741-222 | 20. MOBILE NO. | 0917 500 2796 / 0916 525 5242 | | | |
| TS. AGENCY EMPLOYEE NO. | | 21. E-MAIL ADDRESS (if any) | | aireenclores@vsu.e | | |
| IL FAMILY BACKGROUND | | | | | <u>ou.pn</u> | |
| 22. SPOUSE'S SURINAME | CLORES | | 23. NAME of C | HILDREN (Write full name and list all) | DATE OF BIRTH (mmiddlyyy | |
| FIRST NAME | VICTOR | NAME EXTENSION (JR., SR) | | VINA MARIZ CLORES | 2/18/2008 | |
| MIDDLE NAME | GONZALES | I NF | | VANESSA MAE CLORES | 11/2/2016 | |
| OCCUPATION | ELECTONIC TECHNICIAN/ BUSINESSMAN | M | | | | |
| EMPLOYER/BUSINESS NAME | VMAC VENDING MERCHANDISE & SERVI | ICES | | | | |
| BUSINESS ADDRESS | BAYBAY CITY LEYTE | | | | | |
| TELEPHONE NO. | 053 - 563 9920 | | | | MARKET COLUMN | |
| 24. FATHER'S SURNAME | YBANEZ | | | | | |
| FIRST NAME | RODRIGO | NAME EXTENSION (JR., SR) | | | | |
| MIDDLE MAME | MANGUBAT | | The state of the s | | | |
| 5. MOTHER'S MAIDEN NAME | MERCEDES LAYOS YBANEZ | | | | | |
| SURMAME | LAYOS | | | | | |
| FIRST NAME | MERCEDES | | | | | |
| MIDDLE NAME | BOOC | | | | | |

BASIC EDUCATION/DEGREE/COURSE

(White in full)

BS HOTEL, RESTAURANT MANAGEMENT

MASTERS IN BUSINESS ADMINISTRATION DOCTORATE IN MIGT. Specializing HOSPYTALITY 6/1/2009

PLEMENTARY EDUCATION

SH SCHOOL EDUCATION

decer

NAME OF SCHOOL

(White in full)

SOUTHWESTERN UNIVERSITY

SOUTHWESTERN UNIVERSITY

UNIVERSITY OF SAN CARLOS

SOUTHWESTERN UNIVERSITY PHILIPPINE WOMEN'S UNIVERSITY

NK

LEVEL

BLEMENTARY

SECONDARY

VOCATIONAL /

GRADUATE STUDIES

SIGNATURE

COLLEGE

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SCHOLARSHIP/ ACADEMIC HONGRS RECENED

(Continue on separate sheet if necessary)

PERIOD OF ATTENDANCE

To

3/30/1990

3/30/1994

6/30/1999

3/38/2004 2017

DATE

From

6/1/1994

HIGHEST LEVEL/ UNITS EARNED (if not graduated) GRADUATED

Cerapailal 1999

Included 1994

Conductiv 1999

Grafaster 2017

PERSONAL DATA SHEET

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| tart from the most recent LED training program and include | only the relevant L&D training taken i | and the second second | | hel Encytive Man. | gerial positions) | |
| SI. TITLE OF LEARNING AND DEVELOPMENT INTER | VENTIONS/TRAINING PROGRAMS | INCLUSIVE DATES OF ATTENDANCE | | | Type of LD (Managerial) | |
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| ith National Annual Convention: Challenge, Choice Ch | | From | To | | 100 100 100 | AUGUST A LUCIA CONTRACTOR |
| Capacity Building: Reshaping Hospitality Profession | | 12/1/2016 | 12/3/2016 | 16 | TECHNICAL | AAHRINEI - Ass. in Hotel and Restaurant Management Educational Institutions |
| Requirements | - COMMING AGEAR URBINCENION | 12/1/2013 | 12/1/2014 | 8 | TECHNICAL | AAHRINEI - Ass. in Hotel and Restaurant Management Educational lostitutions |
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| ecture on the Latest Trend in Hospitality and Tourism S | eminar | 9/6/2913 | 9/8/2013 | 18 | TI A | Waterfront Airport Hotel and Casin |
| aminar on the Senior High School Program | programme and the second | 9/11/2013 | 9/11/2013 | 8 | TECHNICAL | Cetow |
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| chief of bureau or office or to the person who has immediate Buteau or Department where you will be approximated, a. within the third degree? b. within the fourth degree (for Local Government Unit - Car | YES YES If YES, give det | ☑ NO □ NO ails: | | |
|---|--|---|--------------------------------------|--|
| $_{26.}$ a. Have you ever been found quilty of any administrative off | YES NO If YES, give details: | | | |
| b. Have you been criminally charged before any court? | YES NO If YES, give details: Date Filed: Status of Case/s: | | | |
| 36. Have you ever been convicted of any crime or violation of ar by any court or tribunal? | ☐ YES ☑ NO If YES, give details: | | | |
| 37. Have you ever been separated from the service in any of the referement, dropped from the rolls, dismissal, termination, er out (abolition) in the public or private sector? | ☐ YES ☑ NO If YES, give details: | | | |
| a. Have you ever been a candidate in a national or local election)? b. Have you resigned from the government service during the service duri | _ | | | |
| election to promote/actively campaign for a national or local 39. Have you acquired the status of an immigrant or permanent | If YES, give details: YES NO If YES, give details (country): | | | |
| 40. Pursuant to: (a) Indigenous People's Act (RA 8371); (b) Mag 7277); and (c) Solo Parents Welfare Act of 2000 (RA 8972), 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 /s | appointse) | | | |
| NAME | ADDRESS | TEL NO. | | |
| EUNICE I. BERAY | DCHM VSU | | | |
| HECTOR JOHN MANALIGOD | PWU, MANILA | | 0 | |
| 42. I declare under oath that I have personally accomplished complete statement pursuant to the provisions of pertine Philippines. I authorize the agency head/authorized repre- I agree that any misrepresentation made in this docu administrative/criminal case/s against me. | nt laws, rules and regulations of the l sentative to verify/validate the contents | Republic of the stated herein. | Aire Ti Y Clores | |
| Government Issued ID (a. Passpot, CSS, SSS, PRC, Deser's License, etc.) PLEASE INDICATE ID Number and Date of Issuemoe Government Issued ID: IDILisemenPasspot Nac: Date/Place-off Issuemoe: | Signature (Sign inside the to | sx) | Right Thumbersali | |
| SUBSCRIBED AND SWORN to before me this | , असिवार स्त्रीकोर्वे | ing his/her validly issue | ad government ID as indicated above. | |
| | 1 | CS FORM 212 (Revised 2017), Page 4 of 4 | | |