

## 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	CLORES		
FIRST NAME	AIREEN	NAME EXTENSION (JR, SR) NA	
MIDDLE NAME	YBANEZ		
3. DATE OF BIRTH (mm/dd/yyyy)	7/20/1977	16. CITIZENSHIP	<input checked="" type="checkbox"/> Filipino <input type="checkbox"/> Dual Citizenship <input checked="" type="checkbox"/> by birth <input type="checkbox"/> by naturalization Pls. indicate country.
4. PLACE OF BIRTH	CEBU CITY	If holder of dual citizenship, please indicate the details.	
5. SEX	<input type="checkbox"/> Male <input checked="" type="checkbox"/> Female		
6. CIVIL STATUS	<input type="checkbox"/> Single <input checked="" type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Other/jc <input type="checkbox"/> Separated	17. RESIDENTIAL ADDRESS	APT. 64 KILBOURNE DRIVE VSU COMPOUND House/Block/Lot No. Street PANGASUGAN Subdivision/Village Barangay BAYBAY CITY LEYTE City/Municipality Province
7. HEIGHT (m)	1.524	ZIP CODE	6521
8. WEIGHT (kg)	69 KG	18. PERMANENT ADDRESS	00 House/Block/Lot No. Street BRGY. PANIMAN Subdivision/Village Barangay CARAMOAN CAMARINES SUR City/Municipality Province
9. BLOOD TYPE	B	ZIP CODE	4429
10. GSS ID NO.	77072001292	19. TELEPHONE NO.	053 - 563 9920
11. PAG-IBIG ID NO.	NA	20. MOBILE NO.	0917 360 2766 / 0916 525 9242
12. PHILHEALTH NO.	19-050944227-8	21. E-MAIL ADDRESS (if any)	aireenclores@vsu.edu.ph
13. SSS NO.	06-1810365-9		
14. TIN NO.	222-741-222		
15. AGENCY EMPLOYEE NO.			

## II. FAMILY BACKGROUND

22. SPOUSE'S SURNAME	CLORES	23. NAME OF CHILDREN (Write full name and list all)	DATE OF BIRTH (mm/dd/yyyy)
FIRST NAME	VICTOR	VINA MARIZ CLORES	2/18/2008
MIDDLE NAME	GONZALES	VANESSA MAE CLORES	11/2/2016
OCCUPATION	ELECTRONIC TECHNICIAN/ BUSINESSMAN		
EMPLOYER/BUSINESS NAME	VMAC VENDING MERCHANDISE & SERVICES		
BUSINESS ADDRESS	BAYBAY CITY LEYTE		
TELEPHONE NO.	053 - 563 9920		
24. FATHER'S SURNAME	YBANEZ		
FIRST NAME	RODRIGO		
MIDDLE NAME	MANGUBAT		
25. MOTHER'S MAIDEN NAME	MERCEDES LAYOS YBANEZ		
SURNAME	LAYOS		
FIRST NAME	MERCEDES		
MIDDLE NAME	BOOC		

(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	SOUTHWESTERN UNIVERSITY	ELEMENTARY EDUCATION	6/1/1984	3/30/1990	Graduated	1990	
SECONDARY	SOUTHWESTERN UNIVERSITY	HIGH SCHOOL EDUCATION	6/1/1990	3/30/1994	Graduated	1994	
VOCATIONAL / TRADE COURSE	NA						
COLLEGE	UNIVERSITY OF SAN CARLOS	BS HOTEL, RESTAURANT MANAGEMENT	6/1/1994	6/30/1999	Graduated	1999	
GRADUATE STUDIES	SOUTHWESTERN UNIVERSITY PHILIPPINE WOMEN'S UNIVERSITY	MASTERS IN BUSINESS ADMINISTRATION DOCTORATE IN MGT. specializing HOSPITALITY MANAGEMENT	6/1/2001 6/1/2009	3/30/2004 2017	Graduated	2004 2017	

(Continue on separate sheet if necessary)

SIGNATURE

DATE

9/27/2024



(Continue on separate sheet if necessary)

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

(Continue on separate sheet if necessary)

11/27/2019



## K. VOLUNTARY WORK OR INVOLVEMENT IN CIVIC / NON-GOVERNMENT / PEOPLE / VOLUNTARY ORGANIZATION'S

2807	NAME & ADDRESS OF ORGANIZATION (Write in full)	INCLUSIVE DATES (mm/dd/yyyy)		NUMBER OF HOURS	POSITION / NATURE OF WORK
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(Continue on separate sheet if necessary)

## LEARNING AND DEVELOPMENT (L&amp;D) INTERVENTION/ 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.

[illegible]

(Continue on separate sheet if necessary)

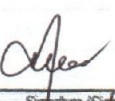
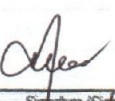
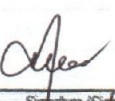






## VIII. OTHER INFORMATION

31.	SPECIAL SKILLS and HOBBIES	32.	NON-ACADEMIC DISTINCTIONS / RECOGNITION (Write in full)
	net surfing		n/a
	cooking		
	good in customer service skills		

(Continue on separate sheet if necessary)

SIGNATURE		DATE	11/2/2014
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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)?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> 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?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If YES, give details: _____  <input type="checkbox"/> YES <input checked="" type="checkbox"/> 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?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> 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?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If YES, give details: _____												
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?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If YES, give details: _____  <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If YES, give details: _____												
39. Have you acquired the status of an immigrant or permanent resident of another country?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> 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?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If YES, please specify: _____  <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If YES, please specify ID No: _____  <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If YES, please specify ID No: _____												
41. REFERENCES (Person not related by consanguinity or affinity to applicant /appointee)													
<table border="1"><thead><tr><th>NAME</th><th>ADDRESS</th><th>TEL. NO.</th></tr></thead><tbody><tr><td>EUNICE I. BERAY</td><td>DCHM YSU</td><td></td></tr><tr><td>HECTOR JOHN MANALIGOD</td><td>PWU, MANILA</td><td></td></tr><tr><td></td><td></td><td></td></tr></tbody></table>		NAME	ADDRESS	TEL. NO.	EUNICE I. BERAY	DCHM YSU		HECTOR JOHN MANALIGOD	PWU, MANILA				
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HECTOR JOHN MANALIGOD	PWU, MANILA												
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.													
<table border="1"><tr><td>Government issued ID (i.e. Passport, GSIS, SSS, PRC, Driver's License, etc.) PLEASE INDICATE ID Number and Date of Issuance</td></tr><tr><td>Government issued ID:</td></tr><tr><td>ID/License/Passport No.:</td></tr><tr><td>Date/Place of Issuance:</td></tr></table>	Government issued ID (i.e. Passport, GSIS, SSS, PRC, Driver's License, etc.) PLEASE INDICATE ID Number and Date of Issuance	Government issued ID:	ID/License/Passport No.:	Date/Place of Issuance:	<table border="1"><tr><td> Signature (Sign inside the box) Date Accomplished: 11/26/19</td></tr></table>	 Signature (Sign inside the box) Date Accomplished: 11/26/19							
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 Aileen Y. Clores													
 Right Thumbprint													
SUBSCRIBED AND SWORN to before me this _____, affiant exhibiting his/her validly issued government ID as indicated above.													
<table border="1"><tr><td>_____ Person Administering Oath</td></tr></table>		_____ Person Administering Oath											
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