

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	NAYRE		
FIRST NAME	SYRENE	NAME EXTENSION (JR., SR) JR.	
MIDDLE NAME	PEREZ		
3. DATE OF BIRTH (mm/dd/yyyy)	01/07/1991	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	MERIDA, LEYTE	If holder of dual citizenship, please indicate the details.	Philippines
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/s:	17. RESIDENTIAL ADDRESS	2 House/Block/Lot No. Street EPEFANIAN CITY HOMES COGON Subdivision/Village Barangay BAYBAY LEYTE City/Municipality Province
7. HEIGHT (m)	4'11	ZIP CODE	6521
8. WEIGHT (kg)	56		
9. BLOOD TYPE	O+	18. PERMANENT ADDRESS	2 House/Block/Lot No. Street EPEFANIAN CITY HOMES COGON Subdivision/Village Barangay BAYBAY LEYTE City/Municipality Province
10. GSIS ID NO.	324243	ZIP CODE	6521
11. PAG-IBIG ID NO.	121070131649		
12. PHILHEALTH NO.	120252547652		
13. SSS NO.	0631605531	19. TELEPHONE NO.	053 563-7441
14. TIN NO.	409007096	20. MOBILE NO.	09215928741/09554932026
15. AGENCY EMPLOYEE NO.		21. E-MAIL ADDRESS (if any)	syrene.nayre@vsu.edu.ph

II. FAMILY BACKGROUND

22. SPOUSE'S SURNAME	NAYRE		23. NAME of CHILDREN (Write full name and list all)	DATE OF BIRTH (mm/dd/yyyy)
FIRST NAME	AYSON FEB	NAME EXTENSION (JR., SR) N/A	ZENITH FIONE P. NAYRE	04/06/2013
MIDDLE NAME	PREJULA		ZYRON FEB P. NAYRE	09/13/2018
OCCUPATION	SEAFARER			
EMPLOYER/BUSINESS NAME	CF SHARP- RCPO			
BUSINESS ADDRESS	103 CASA ROCHA BUILDING, INTRAMUROS, MANILA			
TELEPHONE NO.				
24. FATHER'S SURNAME	PEREZ			
FIRST NAME	EDUARDO	NAME EXTENSION (JR., SR)		
MIDDLE NAME	BAGUION			
25. MOTHER'S MAIDEN NAME				
SURNAME	VILLAR			
FIRST NAME	ANGIE			
MIDDLE NAME	PETEROS		(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	LIBAS MERIDA LEYTE	Primary	1997	2003	graduate	2003	WITH HONORS
SECONDARY	MERIDA VOCATIONAL SCHOOL	High School	2003	2007	graduate	2007	WITH HONORS
VOCATIONAL / TRADE COURSE	N/A						
COLLEGE	VISAYAS STATE UNIVERSITY	BS-HRTM	2007	2011	graduate	2011	VSU CAC SCHOLAR
GRADUATE STUDIES	SOUTHWESTERN UNIVERSITY	MBA- TOURISM AND RECREATIONAL MANAGEMENT	2015	2016	graduate	2016	

(Continue on separate sheet if necessary)

SIGNATURE		DATE	June 8, 2020
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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	June 8, 2020
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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		
NONE		NONE			NONE

(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			
	DIGITAL AS THE NEW NORMAL WEBINAR	5/20/2020	5/22/2020	6	SUPERVISORY	Dept. of Tourism RVIII
	NCII HOUSEKEEPING SERVICES TRAINING WORKSHOP	4/7/2019	7/14/2019	8	SUPERVISORY	VSU HOSTEL
	FARM TOURISMA ND TOUR GUIDING SEMINAR-WORKSHOP	4/16/2019	4/16/2019	8	MANAGERIAL	BAYBAY CITY AGRICULTURE
	NCIII EVENTS MANAGEMENT TRAINING WORKSHOP	11/3/2019	3/13/2019	24.0	MANAGERIAL	INTERNATIONAL SKILLS REPUBLIC ACADEMY INC.,
	NCII TRAINING WORKSHOP ON TOURISM PROMOTION	3/10/2019	3/10/2019	8.0	MANAGERIAL	INTERNATIONAL SKILLS REPUBLIC ACADEMY INC.,
	NCII TRAINING WORKSHOP ON TRAVEL AND TOUR OPERATIONS	3/9/2019	3/9/2019	8.0	MANAGERIAL	INTERNATIONAL SKILLS REPUBLIC ACADEMY INC.,
	ECHO SEMINAR WORKSHOP ON THE 1ST ASSOCIATION OF EDUCATION AND TRAINERS(ASSERT) ON OUTCOME -BASED EDUCATION	7/2/2018	7/2/2018	8.0	SUPERVISORY	VISAYAS STATE UNIVERSITY
	LECTURE ON CUSTOMER SERVICE(HANDLING GUEST COMPLAINTS AND QUALITY SERVICE)	11/3/2018	11/3/2018	4.0	MANAGERIAL	WORLD OF ADVENTURES TRAVEL AND TOURS
	LECTURE ON HOTEL OPERATION AND DEMO ON BASIC F AND B SERVICE	11/3/2018	11/3/2018	4.0	MANAGERIAL	WORLD OF ADVENTURES TRAVEL AND TOURS
	EXTENSION PROPOSAL WRITING	7/18/2018	7/20/2018	24.0	TECHNICAL	VSU- RESEARCH AND EXTENSION
	NEWS/FEATURE WRITING AND BASIC PHOTOGRAPHY	11/13/2018	11/14/2018	16	TECHNICAL	VSU-ALUMNI AND COMMUNITY RELATIONS
	EFFECTIVE FACILITATING SKILLS AND PROACTIVE INTERVENTION TECHNIQUES IN RESPONDING STUDENT-AT-RISK SITUATIONS	11/26/2018	11/27/2018	16.0	TECHNICAL	VSU-USO
	TRAINING ON HOW TO HANDLE SEXUAL HARASSMENT CASES IN CAMPUS	12/13/2018	12/14/018	16.0	TECHNICAL	VSU-GAD
	CAMP MANAGEMENT TRAINING	11/27/2017	3/12/2017	56.0	MANAGERIAL	DOT -VIII
	TOURISM ENTERPRISE INNOVATION AND SELF REINVENTION TECHNIQUES	9/14/2017	9/15/2017	16.0	MANAGERIAL	DOT -VIII
	TOURISM DESTINATON MARKETING	3/13/2016	3/13/2016	4.0	SUPERVISORY	SOUTHWERSTERN UNIVERSITY
	HUMAN RESOURCE MANAGEMENT AND RECRUITMENT AND RETENTION	3/13/2016	3/13/2016	4.0	SUPERVISORY	SOUTHWERSTERN UNIVERSITY
	Integrated Seminar-Workshop on Nurturing Work Ethics that Companies Value Most & Excellent Customer Service	8/13/2015	8/14/2015	16.0	Managerial	Executive Development Academy, Inc.

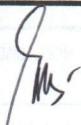
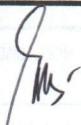
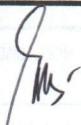






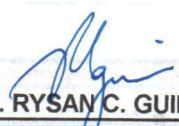
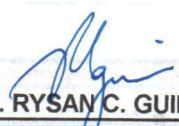
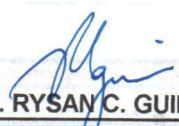
(Continue on separate sheet if necessary)

VIII. OTHER INFORMATION

31.	SPECIAL SKILLS and HOBBIES	32.	NON-ACADEMIC DISTINCTIONS / RECOGNITION (Write in full)	33.	MEMBERSHIP IN ASSOCIATION/ORGANIZATION (Write in full)
	DANCING, EVENT ORGANIZING		VSU- CAC SERVICE AWARD		VSU FOLKLORIC DANCETROUPE

(Continue on separate sheet if necessary)

SIGNATURE		DATE	JUNE 8, 2020
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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 checked="" 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><thead><tr><th>NAME</th><th>ADDRESS</th><th>TEL. NO.</th></tr></thead><tbody><tr><td>CRIS EDREN DELA PEÑA</td><td>BAYBAY CITY</td><td>9275593998</td></tr><tr><td>GLENNA NUNEZ</td><td>INOPACAN, LEYTE</td><td>9457457760</td></tr><tr><td>JOVEL ABERILLA</td><td>HINDANG, LEYTE</td><td>9368037246</td></tr></tbody></table>		NAME	ADDRESS	TEL. NO.	CRIS EDREN DELA PEÑA	BAYBAY CITY	9275593998	GLENNA NUNEZ	INOPACAN, LEYTE	9457457760	JOVEL ABERILLA	HINDANG, LEYTE	9368037246
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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><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.: H12-14-001416</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.: H12-14-001416	Date/Place of Issuance:	<table><tr><td></td></tr><tr><td>Signature (Sign inside the box)</td></tr><tr><td>JUNE 8, 2020</td></tr><tr><td>Date Accomplished</td></tr></table>		Signature (Sign inside the box)	JUNE 8, 2020	Date Accomplished				
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<table><tr><td> SYRENE P. NAIRE PHOTO</td><td> Right Thumbmark</td></tr></table>		 SYRENE P. NAIRE PHOTO	 Right Thumbmark										
 SYRENE P. NAIRE PHOTO	 Right Thumbmark												
SUBSCRIBED AND SWORN to before me this <u>24 JUN 2020</u> , affiant exhibiting his/her validly issued government ID as indicated above.													
<table><tr><td> ATTY. RYSAN C. GUINOCOR Person Administering Oath</td></tr></table>		 ATTY. RYSAN C. GUINOCOR Person Administering Oath											
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