

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	ESTILLORE		
FIRST NAME	CHELYN	NAME EXTENSION (JR., SR) N/A	
MIDDLE NAME	GALUPO		
3. DATE OF BIRTH (mm/dd/yyyy)	11/26/1983	16. CITIZENSHIP	<input checked="" type="checkbox"/> Filipino <input type="checkbox"/> Dual Citizenship <input type="checkbox"/> by birth <input type="checkbox"/> by naturalization Pls. indicate country:
4. PLACE OF BIRTH	SURIGAO CITY	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	House/Block/Lot No. Street Subdivision/Village Barangay City/Municipality Province
7. HEIGHT (m)	1.524 m	ZIP CODE	6521
8. WEIGHT (kg)	58 kg		
9. BLOOD TYPE	AB+	18. PERMANENT ADDRESS	55 Kawit House/Block/Lot No. Street Subdivision/Village Barangay City/Municipality Province
10. GSIS ID NO.	2003494809	ZIP CODE	6000
11. PAG-IBIG ID NO.	1700-0032-4429		
12. PHILHEALTH NO.	12-050534840-6	19. TELEPHONE NO.	N/A
13. SSS NO.	06-2632407-6	20. MOBILE NO.	09771565235
14. TIN NO.	248-481-761-000	21. E-MAIL ADDRESS (if any)	chelynestillore@vsu.edu.ph
15. AGENCY EMPLOYEE NO.	V00203		

II. FAMILY BACKGROUND			
22. SPOUSE'S SURNAME	ESTILLORE	23. NAME of CHILDREN (Write full name and list all)	DATE OF BIRTH (mm/dd/yyyy)
FIRST NAME	JUNE	ESTILLORE, NENIA JUNE G.	11/26/2007
MIDDLE NAME	ABELLANA	ESTILLORE, JUNE ACHECO G.	1/6/2014
OCCUPATION	LETTER CARRIER	ESTILLORE, JUNE NECORY	5/1/2016
EMPLOYER/BUSINESS NAME	PHILIPPINE POSTAL CORPORATION		
BUSINESS ADDRESS	PIGAFETTA STREET, CEBU CITY		
TELEPHONE NO.	N/A		
24. FATHER'S SURNAME	GALUPO		
FIRST NAME	ACHEL		
MIDDLE NAME	UBAY		
25. MOTHER'S MAIDEN NAME			
SURNAME	CERO		
FIRST NAME	CELENIA		
MIDDLE NAME	MINDAJAO		
(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	JESUS CABARRUS CATHOLIC SCHOOL	PRIMARY EDUCATION	1990-1991	1995-1996	N/A	1996	2ND HONORABLE MENTION
SECONDARY	JESUS CABARRUS CATHOLIC SCHOOL	HIGH SCHOOL	1996-1997	1999-2000	N/A	2000	WITH HONORS
VOCATIONAL / TRADE COURSE	N/A	N/A	N/A	N/A	N/A	N/A	N/A
COLLEGE	UNIVERSITY OF SAN JOSE-RECOLETOS	BACHELOR OF SCIENCE IN HOTEL AND RESTAURANT MANAGEMENT MAJOR IN FOOD AND BEVERAGE	2000-2001	2003-2004	N/A	2004	N/A
GRADUATE STUDIES	UNIVERSITY OF SAN CARLOS	MASTER IN MANAGEMENT MAJOR IN HOSPITALITY MANAGEMENT	2017-2018	PRESENT	36	N/A	CHED K12
(Continue on separate sheet if necessary)							
SIGNATURE		DATE	12/22/21		CS FORM 212 (Revised 2017), Page 1 of 4		


[illegible]

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)

[illegible]










VIII. OTHER INFORMATION

31. SPECIAL SKILLS and HOBBIES	32. NON-ACADEMIC DISTINCTIONS / RECOGNITION (Write in full)	33. MEMBERSHIP IN ASSOCIATION/ORGANIZATION (Write in full)
DIY	National Certificate II in Bread and Pastry Production (Certificate No. 16083702009143)	VISAYAS STATE UNIVERSITY FACULTY ASSOCIATION
	National Certificate II in Cookery	

SIGNATURE		DATE	12/22/21	CS FORM 212 (Revised 2017), Page 3 of 4
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12/22/21

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 checked="" type="checkbox"/> YES <input type="checkbox"/> NO If YES, give details: _____ END OF CONTRACT												
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>VENICE B. IBAÑEZ</td><td>GABAS, BAYBAY CITY, LEYTE</td><td>09356585386</td></tr><tr><td>NANCY V. DUMAGUING</td><td>VISCA, BAYBAY CITY, LEYTE</td><td>09268014558</td></tr><tr><td>MAGNOLIA C. LIO</td><td>VEGA, BAYBAY CITY, LEYTE</td><td>09271275883</td></tr></tbody></table>			NAME	ADDRESS	TEL. NO.	VENICE B. IBAÑEZ	GABAS, BAYBAY CITY, LEYTE	09356585386	NANCY V. DUMAGUING	VISCA, BAYBAY CITY, LEYTE	09268014558	MAGNOLIA C. LIO	VEGA, BAYBAY CITY, LEYTE	09271275883
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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 colspan="2">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><td>COMPANY ID</td></tr><tr><td>ID/License/Passport No.:</td><td>V00203</td></tr><tr><td>Date/Place of Issuance:</td><td>VSU</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:	COMPANY ID	ID/License/Passport No.:	V00203	Date/Place of Issuance:	VSU	<table><tr><td></td></tr><tr><td>Signature (Sign inside the box)</td></tr><tr><td>12/22/21</td></tr><tr><td>Date Accomplished</td></tr></table> 10 FEB 2022		Signature (Sign inside the box)	12/22/21	Date Accomplished
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SUBSCRIBED AND SWORN to before me this _____ applicant exhibiting his/her validly issued government ID as indicated above.														
<table><tr><td>ATTY. RYSAN C. GUINOCOR VSU Chief Legal Officer</td></tr><tr><td>Person Administering Oath</td></tr></table>			ATTY. RYSAN C. GUINOCOR VSU Chief Legal Officer	Person Administering Oath										
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WORK EXPERIENCE SHEET

Duration : June 2008 to present
Position : Instructor 1
Name of Office/Unit : Department of Tourism and Hospitality Management
Immediate Supervisor: Venice B. Ibañez
Name of Agency/Location: Visayas State University, Brgy. Pangasugan, Baybay City,
Leyte

List of Accomplishments:

- Helped in curriculum planning
- Prepared instructional materials
- Computed grades of students and submitted it to the registrar
- Checked outputs of students, recorded them and returned it to students
- Supervised students with activities related to my handled subjects
- Coordinated with virtual training partners outside the region for on-the-job training opportunities
- Supervised on-the-job trainees
- Registered student-advisees during enrolment
- Attended and participated activities organized by the department, college and university
- Attended webinar and trainings to acquire new knowledge
- Ongoing Masters in Management major in Hospitality Management at the University of San Carlos

Summary of Actual Duties:

- Teaches subjects in Hospitality Management
- Member in the different committee in the department
- BSHM Program Chairperson
- Performs other duties assigned by the department head


CHELYN G. ESTILLORE

Signature over Printed Name of Employee/Applicant

Date: December 22, 2021