



# EMPLOYEE PERSONAL DATA SHEET

Print legibly. Mark appropriate boxes  with  and use separate sheet if necessary.

## I. PERSONAL INFORMATION

2. SURNAME	MONTECILLO		
FIRST NAME	LUZLIE		
MIDDLE NAME	ORILLO	3. NAME EXTENSION (A-Z 0-9)	
4. DATE OF BIRTH (mm/dd/yyyy)	03 / 09 / 1986	16. RESIDENTIAL ADDRESS	PRIM HILL SUBD. BASAH MANDAUE CIM
5. PLACE OF BIRTH	LINGIG, SURGADO DEL SUR	ZIP CODE	6014
6. SEX	<input checked="" type="checkbox"/> Male <input type="checkbox"/> Female	17. TELEPHONE NO.	09053912655
7. CIVIL STATUS	<input type="checkbox"/> Single <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Annulled <input type="checkbox"/> Others, specify _____	18. PERMANENT ADDRESS	Same as above
8. CITIZENSHIP	FILIPINO	19. TELEPHONE NO.	
9. HEIGHT (m)	1.5 m	20. E-MAIL ADDRESS (If any)	luzreds14@gmail.com
10. WEIGHT (kg)	48 kg	21. TELEPHONE NO. (If any)	09053912655
11. BLOOD TYPE	O+	22. AGENCY EMPLOYEE NO.	
12. SSIS ID NO.		23. TIN	226747238
13. PAG-IBIG ID NO.	1210-4267-2126		
14. PHILHEALTH ID NO.	12-050490216-7		
15. SSNO	06-256-44142		

## II. FAMILY BACKGROUND

24. SPOUSE'S SURNAME	25. NAME OF CHILD (Include first and last)	DATE OF BIRTH (mm/dd/yyyy)
MONTECILLO	TRANQUI ARLYN DANIEL	10 / 08 / 2011
<del>MARINA</del> REYES	MONTECILLO	/ /
<del>ORILLO</del> REMOLTA		/ /
OFTW		/ /
EMPLOYER'S NAME		/ /
DAE MYUNG		/ /
BUSINESS ADDRESS		/ /
UAE		/ /
TELEPHONE NO.		/ /
(Continue on separate sheet if necessary)		
26. FATHER'S SURNAME		/ /
ORILLO		/ /
FIRST NAME		/ /
HERLY		/ /
MIDDLE NAME		/ /
BADANG		/ /
27. MOTHER'S MARRIAGE NAME		/ /
SURNAME		/ /
PORMOLTO		/ /
FIRST NAME		/ /
GODA		/ /
MIDDLE NAME		/ /
LUZMIRDA		/ /

a. Have you ever been formally charged?

b. Have you ever been guilty of any administrative offense?

38. Have you ever been convicted of any crime or violation of any law, degree, ordinance or regulation by any court or tribunal?

39. 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, AWOL or phased out in the public or private sector?

40. Have you ever been a candidate in a national or local election (except Barangay election)?

41. Pursuant to (a) Indigenous People's Act (RA 8371), (b) Magna Carta for Disabled Persons (RA 7279) and (c) Child Parents Welfare Act of 2000 (RA 8972), please answer the following items:

a. Are you a member of any indigenous group?

b. Are you physically disabled?

c. Are you a child of a parent?

DYES  NO  
If YES, give details:

DYES  NO  
If YES, give details:

DYES  NO  
If YES, give details:

DYES  NO  
If YES, give details:

DYES  NO  
If YES, please specify: MAMAYA

DYES  NO  
If YES, please specify:

DYES  NO  
If YES, please specify:

*company oppas contract jobs only*

42. REFERENCES (Person not related by consanguinity or affinity to applicant / appointee)


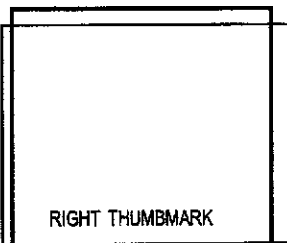
NAME	ADDRESS	TEL. NO.
MARICEL BALUNAG	SKRUIS ROAD, MAND. CIM	09367407099
MARYSOL LAURENTE	BARILAD, CEBU CIM	09174137017
MICHELLE COMUIS	BARANA, CEBU CIM	09278185943

43. I declare under oath that this Personal Data Sheet has been accomplished by me, and is a true, correct and complete statement in strict accordance to the provisions of pertinent laws, rules and regulations of the Republic of the Philippines.

I also authorize the agency head / authorized representative to verify / validate the contents stated herein. I must treat this information as strictly confidential.

ID picture taken within the last 6 months  
3.5 cm. X 4.5 cm  
(passport size)

Computer generated or xerox copy of picture is not acceptable

COMMUNITY TAX CERTIFICATE NO.	 SIGNATURE (Sign inside the box)	 RIGHT THUMBMARK
ISSUED AT		
ISSUED ON (mm/dd/yyyy)		
	DATE ACCOMPLISHED <u>11/20/17</u>	