



# EMPLOYEE PERSONAL DATA SHEET

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

## I. PERSONAL INFORMATION

2. SURNAME	R O O N D O I N A		
FIRST NAME	J E L Y A N N		
MIDDLE NAME	AVE		3. NAME EXTENSION (e.g. Jr., Sr.)
4. DATE OF BIRTH (mm/dd/yyyy)	01/10/1994	16. RESIDENTIAL ADDRESS	1285 m.s. Cuenco Avenue Sts. Cebu City
5. PLACE OF BIRTH		ZIP CODE	6000
6. SEX	<input type="checkbox"/> Male <input checked="" type="checkbox"/> Female	17. TELEPHONE NO.	
7. CIVIL STATUS	<input checked="" type="checkbox"/> Single <input type="checkbox"/> Widowed <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Annulled <input type="checkbox"/> Others, specify _____	18. PERMANENT ADDRESS	1285 m.s. Cuenco Avenue Sts. Cebu City
8. CITIZENSHIP	Filipino	ZIP CODE	6000
9. HEIGHT (m)	5'0	19. TELEPHONE NO.	
10. WEIGHT (kg)	60	20. E-MAIL ADDRESS (if any)	jelyannrdina@123@gmail.com
11. BLOOD TYPE		21. CELLPHONE NO. (if any)	09999819515
12. GSIS ID NO.		22. AGENCY EMPLOYEE NO.	
13. PAG-IBIG ID NO.	1211 8892 0105	23. TIN	333-916-847-000
14. PHILHEALTH NO.	12-051528721-9		
15. SSS NO.	06-3658294-5		

## II. FAMILY BACKGROUND

24. SPOUSE'S SURNAME	25. NAME OF CHILD (Write full name and list all)	DATE OF BIRTH (mm/dd/yyyy)
FIRST NAME		/ /
MIDDLE NAME		/ /
OCCUPATION		/ /
EMPLOYER/BUS. NAME		/ /
BUSINESS ADDRESS		/ /
TELEPHONE NO.		/ /
(Continue on separate sheet if necessary)		/ /
26. FATHER'S SURNAME	(JOSEITO) FONDINA (deceased)	/ /
FIRST NAME	JOSEITO	/ /
MIDDLE NAME	BACU	/ /
27. MOTHER'S MAIDEN NAME		/ /
SURNAME	AVE	05/22/1973
FIRST NAME	ANGELINE	/ /
MIDDLE NAME	Q	
(Continue on separate sheet if necessary)		

<p>37 a. Have you ever been formally charged?</p> <p>b. Have you ever been guilty of any administrative offense?</p>	<p>DYES <input type="checkbox"/> NO <input type="checkbox"/></p> <p>If YES, give details:</p> <hr/> <hr/> <p>DYES <input type="checkbox"/> NO <input type="checkbox"/></p> <p>If YES, give details:</p> <hr/> <hr/>
<p>38. Have you ever been convicted of any crime or violation of any law, decree, ordinance or regulation by any court or tribunal?</p>	<p>DYES <input type="checkbox"/> NO <input type="checkbox"/></p> <p>If YES, give details:</p> <hr/> <hr/>
<p>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?</p>	<p>DYES <input type="checkbox"/> NO <input type="checkbox"/></p> <p>If YES, give details:</p> <p><i>At the time, I wasn't able to manage the time since I was having my practice teaching and need to finish my studies.</i></p>
<p>40. Have you ever been a candidate in a national or local election (except Barangay election)?</p>	<p>DYES <input type="checkbox"/> NO <input type="checkbox"/></p> <p>If YES, give details:</p> <hr/> <hr/>
<p>41. 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:</p> <p>a. Are you a member of any indigenous group?</p> <p>b. Are you differently abled?</p> <p>c. Are you a solo parent?</p>	<p>DYES <input type="checkbox"/> NO <input type="checkbox"/></p> <p>If YES, please specify:</p> <hr/> <p>DYES <input type="checkbox"/> NO <input type="checkbox"/></p> <p>If YES, please specify:</p> <hr/> <p>DYES <input type="checkbox"/> NO <input type="checkbox"/></p> <p>If YES, please specify:</p> <hr/> <hr/>

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

NAME	ADDRESS	TEL. NO.
<i>Dr. Rex Argate</i>		<i>0942 116 9757</i>

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

43. I declare under oath that this Personal Data Sheet has been accomplished by me, and is a true, correct and complete statement pursuant 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 trust that this information shall remain confidential.

COMMUNITY TAX CERTIFICATE NO.	<p><i>[Signature]</i></p> <p>SIGNATURE (Sign inside the box)</p>	RIGHT THUMBMARK
ISSUED AT		
/ /	DATE ACCOMPLISHED <i>11/30/17</i>	
ISSUED ON (mm/dd/yyyy)		