



EMPLOYEE PERSONAL DATA SHEET

Print legibly. Mark appropriate boxes **D** with "✓" and use separate sheet if necessary.

I. PERSONAL INFORMATION

2. SURNAME	A L C A N T A R A		
FIRST NAME	G I N A L Y N		
MIDDLE NAME	C A B A H U G		3. NAME EXTENSION (e.g. Jr., Sr.)
4. DATE OF BIRTH (mm/dd/yyyy)	09 / 09 / 1988	16. RESIDENTIAL ADDRESS	MONTESUNTING, CARMEN, BOHOL
5. PLACE OF BIRTH	CARMEN, BOHOL	ZIP CODE	6319
6. SEX	<input checked="" type="checkbox"/> Male <input type="checkbox"/> Female	17. TELEPHONE NO.	N/A
7. CIVIL STATUS	<input checked="" type="checkbox"/> Single <input type="checkbox"/> Widowed <input type="checkbox"/> Married <input checked="" type="checkbox"/> Separated <input type="checkbox"/> Annulled <input type="checkbox"/> Others, specify _____	18. PERMANENT ADDRESS	MONTESUNTING, CARMEN, BOHOL
8. CITIZENSHIP	FILIPINO	ZIP CODE	6319
9. HEIGHT (m)	5'0"	19. TELEPHONE NO.	N/A
10. WEIGHT (kg)	52 kgs	20. E-MAIL ADDRESS (if any)	ginalcantara99@gmail.com
11. BLOOD TYPE	AB+	21. CELLPHONE NO. (if any)	09101708313
12. GSIS ID NO.	-	22. AGENCY EMPLOYEE NO.	
13. PAG-IBIG ID NO.		23. TIN	
14. PHILHEALTH NO.	120510711152		
15. SSS NO.	0111-0721198-0		

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	HUMPHREY JULE CABAHUG	12 / 10 / 2009
MIDDLE NAME	ALCANTARA	/ /
OCCUPATION		/ /
EMPLOYER/BUS. NAME		/ /
BUSINESS ADDRESS		/ /
TELEPHONE NO.		/ /
(Continue on separate sheet if necessary)		
26. FATHER'S SURNAME		/ /
FIRST NAME		/ /
MIDDLE NAME		/ /
27. MOTHER'S MAIDEN NAME		/ /
SURNAME		/ /
FIRST NAME		/ /
MIDDLE NAME		/ /
(Continue on separate sheet if necessary)		

37 a. Have you ever been formally charged?
 b. Have you ever been guilty of any administrative offense?

DYES NO
 If YES, give details: _____

DYES NO
 If YES, give details: _____

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

DYES NO
 If YES, give details: _____

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?

DYES NO
 If YES, give details: _____

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

DYES NO
 If YES, give details: _____

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:

a. Are you a member of any indigenous group?
 b. Are you differently abled?
 c. Are you a solo parent?

DYES NO
 If YES, please specify: _____

DYES NO
 If YES, please specify: _____

YES DNO
 If YES, please specify: single mom, w/ 8 yr old son

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

NAME	ADDRESS	TEL. NO.
MR. FRANKIE NGU	BRUNEI DARUSSALAM	+673-223-55166
MS. NELIZA FUERTES	TAGBILARAN CITY, BOHOL	0917 8006795



ALCANTARA, GINALYN C.

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.

20817562
 - COMMUNITY TAX CERTIFICATE NO.

Cebu City
 ISSUED AT

08 / 23 / 2017
 ISSUED ON (mm/dd/yyyy)


 SIGNATURE (Sign inside the box)

DATE ACCOMPLISHED

