



EMPLOYEE PERSONAL DATA SHEET

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

I. PERSONAL INFORMATION

2. SURNAME	K I S T E R I A		
FIRST NAME	D E N I S E T H E R E S A		
MIDDLE NAME	ABACAHIN	3. NAME EXTENSION (e.g. Jr., Sr.)	
4. DATE OF BIRTH (mm/dd/yyyy)	09 / 15 / 1983	16. RESIDENTIAL ADDRESS	B9 18 NAVONA SUBD. CALAWISAN LAPU-LAPU CITY
5. PLACE OF BIRTH	MAKATI METRO MANILA	ZIP CODE	6015
6. SEX	<input type="checkbox"/> Male <input checked="" type="checkbox"/> Female	17. TELEPHONE NO.	032- 324- 4351
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	B9 18 NAVONA SUBD. CALAWISAN LAPU-LAPU CITY
8. CITIZENSHIP	FIUPINO	ZIP CODE	6015
9. HEIGHT (m)	5'7"	19. TELEPHONE NO.	032- 324- 4351
10. WEIGHT (kg)	85 kgs.	20. E-MAIL ADDRESS (if any)	krisnadenise@yahoo.com
11. BLOOD TYPE	O+	21. CELLPHONE NO. (if any)	09369009317
12. GSIS ID NO.		22. AGENCY EMPLOYEE NO.	
13. PAG-IBIG ID NO.		23. TIN	330 - 466 - 719
14. PHILHEALTH NO.	19-090151191-1		
15. SSS NO.	08-1422575-4		

II. FAMILY BACKGROUND

24. SPOUSE'S SURNAME	25. NAME OF CHILD (Write full name and list all)	DATE OF BIRTH (mm/dd/yyyy)
KISTERIA	CASSANDRA LOUISE KISTERIA	12 / 24 / 2002
CRISTITUD JR.	ALESSANDRA BEATRIZ KISTERIA	12 / 24 / 2002
DINORD	KIERA FRANCESKA KISTERIA	09 / 13 / 2007
OCCUPATION		
SYSTEM ADMINISTRATOR		
EMPLOYER/BUS. NAME		
LEXMARK RESEARCH & DEVELOPMENT CORP.		
BUSINESS ADDRESS		
CEBU BUSINESS PARK		
TELEPHONE NO.		
092- 411- 4316		
(Continue on separate sheet if necessary)		
26. FATHER'S SURNAME		
ABACAHIN		
FIRST NAME		
ARNULDO		
MIDDLE NAME		
MALDE PENA		
27. MOTHER'S MAIDEN NAME		
SURNAME		
NOPIA		
FIRST NAME		
MARIA CELESTE		
MIDDLE NAME		
LIRIO		
(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 checked="" type="checkbox"/> NO</p> <p>If YES, give details: _____</p> <p>DYES <input checked="" type="checkbox"/> NO</p> <p>If YES, give details: _____</p>
<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 checked="" type="checkbox"/> NO</p> <p>If YES, give details: _____</p>
<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><input checked="" type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>If YES, give details: RESIGNATION</p>
<p>40. Have you ever been a candidate in a national or local election (except Barangay election)?</p>	<p>DYES <input checked="" type="checkbox"/> NO</p> <p>If YES, give details: _____</p>
<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 checked="" type="checkbox"/> NO</p> <p>If YES, please specify: _____</p> <p>DYES <input checked="" type="checkbox"/> NO</p> <p>If YES, please specify: _____</p> <p>DYES <input checked="" type="checkbox"/> NO</p> <p>If YES, please specify: _____</p>

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

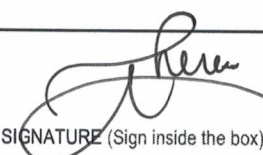
NAME	ADDRESS	TEL. NO.
ERMA LOZANO	IBABAO CORDOVA	09562705258
JOSE ANTONIO ESTRELLA	CAGAYAN DE ORO CITY	09178271634
CRISTITUD KISTERIA JR.	LAPU - LAPU CITY	09173052824

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.

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