



EMPLOYEE PERSONAL DATA SHEET

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

I. PERSONAL INFORMATION

2. SURNAME	A-M ANTE		
FIRST NAME	MARY ANN		
MIDDLE NAME	LIM	3. NAME EXTENSION (e.g. Jr., Sr.)	
4. DATE OF BIRTH (mm/dd/yyyy)	12 / 13 / 1988	16. RESIDENTIAL ADDRESS	CAPARDE DRIVE, NASIPIT TALAMARAN CEBU CITY
5. PLACE OF BIRTH	MASBATE, MASBATE	ZIP CODE	6000
6. SEX	<input checked="" type="checkbox"/> Male <input 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	15 DANAO ST - MASBATE CITY
8. CITIZENSHIP	FIUPIND	ZIP CODE	5400
9. HEIGHT (m)		19. TELEPHONE NO.	
10. WEIGHT (kg)		20. E-MAIL ADDRESS (if any)	ann13.amante@yahoo.com.ph
11. BLOOD TYPE	O+	21. CELLPHONE NO. (if any)	09954065409
12. GSIS ID NO.		22. AGENCY EMPLOYEE NO.	
13. PAG-IBIG ID NO.	1216 0045 7662	23. TIN	205 - 695 - 561 - 000
14. PHILHEALTH NO.	12 0506958175		
15. SSS NO.	06 2027426 0		

II. FAMILY BACKGROUND

24. SPOUSE'S SURNAME	25. NAME OF CHILD (Write full names 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	AMANTE	/ /
FIRST NAME	RONALD	/ /
MIDDLE NAME	RELOAO	/ /
27. MOTHER'S MAIDEN NAME		/ /
SURNAME	AMANTE	/ /
FIRST NAME	ELMA	/ /
MIDDLE NAME	LIM	(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> <p>_____</p> <p>_____</p> <p>DYES <input type="checkbox"/> NO <input type="checkbox"/></p> <p>If YES, give details:</p> <p>_____</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 type="checkbox"/> NO <input type="checkbox"/></p> <p>If YES, give details:</p> <p>_____</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>DYES <input type="checkbox"/> NO <input type="checkbox"/></p> <p>If YES, give details:</p> <p>_____</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> <p>_____</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>_____</p> <p>_____</p> <p>DYES <input type="checkbox"/> NO <input type="checkbox"/></p> <p>If YES, please specify: _____</p> <p>DYES <input type="checkbox"/> NO <input type="checkbox"/></p> <p>If YES, please specify: _____</p> <p>DYES <input type="checkbox"/> NO <input type="checkbox"/></p> <p>If YES, please specify: _____</p>

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

NAME	ADDRESS	TEL. NO.	
DEXTER JOHN MAHINAY	HILLSIDE (ABUQUAN) PAGESKUNGAN MARIKINA CITY	0947787 9115	<p>ID picture taken within the last 6 months 3.5 cm. X 4.5 cm (passport size)</p> <p>Computer generated or xerox copy of picture is not acceptable</p>

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>	<p> </p>