



EMPLOYEE PERSONAL DATA SHEET

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

PERSONAL INFORMATION

2. SURNAME	C A L A G O		
FIRST NAME	N O R L E N E		
MIDDLE NAME		3. NAME EXTENSION (e.g. Jr., Sr.)	
4. DATE OF BIRTH (mm/dd/yyyy)	JUN / 06 / 1997	16. RESIDENTIAL ADDRESS	
5. PLACE OF BIRTH	LOOC, MANDRUE CEBU CITY	CALINAS DRIVE, LATHUG, CEBU CITY	
6. SEX	<input checked="" type="checkbox"/> Male <input type="checkbox"/> Female	ZIP CODE	
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 _____	6000	
8. CITIZENSHIP	FILIPINO	17. TELEPHONE NO.	
9. HEIGHT (m)		09081689992	
10. WEIGHT (kg)	50 kg	18. PERMANENT ADDRESS	
11. BLOOD TYPE		CALINAS DRIVE LATHUG, CEBU CITY	
12. GSIS ID NO.		ZIP CODE	
13. PAG-IBIG ID NO.	121145925976	6000	
14. PHILHEALTH NO.	120254792117	19. TELEPHONE NO.	
15. SSS NO.	06-3688652-0	09081689992	
		20. E-MAIL ADDRESS (if any)	
		notnecalago1@gmail.com	
		21. CELLPHONE NO. (if any)	
		09081689992	
		22. AGENCY EMPLOYEE NO.	
		23. TIN	
		325-759-647-0000	

FAMILY BACKGROUND

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)			/ /
FATHER'S SURNAME	BOYONAS		AUG / 30 / 1972
FIRST NAME	LEONARDO		/ /
MIDDLE NAME	OTARA		/ /
MOTHER'S MAIDEN NAME			/ /
SURNAME	CALAGO		JAN / 08 / 1977
FIRST NAME	MARCISA		/ /
MIDDLE NAME	ELARDO		
		(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>_____</p> <p>_____</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>DYES <input checked="" type="checkbox"/> NO</p> <p>If YES, give details:</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>_____</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 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.
Sweet Rose Pepito		09284874829
Marilyn Nogra	Greenfield Inayawan cebu city	09 999625926
Jesrah Largo	Nogra, Cebu City	09 639 80518


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.
ISSUED AT
/ /
ISSUED ON (mm/dd/yyyy)

 SIGNATURE (Sign inside the box)
DATE ACCOMPLISHED

RIGHT THUMBMARK
