



EMPLOYEE PERSONAL DATA SHEET

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

PERSONAL INFORMATION

2. SURNAME	L U B A Y		
FIRST NAME	K A R E N K A T E		
MIDDLE NAME	CAPUL	3. NAME EXTENSION (e.g. Jr., Sr.)	
4. DATE OF BIRTH (mm/dd/yyyy)	03 / 19 / 1993	16. RESIDENTIAL ADDRESS	
5. PLACE OF BIRTH	CEBU CITY	HI-WAY TAGUNOL BASAK PARDO CEBU CITY	
6. SEX	<input type="checkbox"/> Male <input checked="" type="checkbox"/> Female	17. TELEPHONE NO.	272-0453
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	HI-WAY TAGUNOL BASAK PARDO CEBU CITY
8. CITIZENSHIP	FILIPINO	19. TELEPHONE NO.	272-0453
9. HEIGHT (m)	5' 2	20. E-MAIL ADDRESS (if any)	karenlubay@gmail.com
10. WEIGHT (kg)	50	21. CELLPHONE NO. (if any)	09239361621
11. BLOOD TYPE		22. AGENCY EMPLOYEE NO.	
12. GSIS ID NO.		23. TIN	315-064-522-000
13. PAG-IBIG ID NO.	121096267896		
14. PHILHEALTH NO.	12-051252215-2		
15. SSS NO.	06-3422328-2		

FAMILY BACKGROUND

SPOUSE'S SURNAME	FIRST NAME	MIDDLE NAME	OCCUPATION	EMPLOYER/BUS. NAME	BUSINESS ADDRESS	TELEPHONE NO.	25. NAME OF CHILD (Write full name and list all)	DATE OF BIRTH (mm/dd/yyyy)
								/ /
								/ /
								/ /
								/ /
(Continue on separate sheet if necessary)								/ /
FATHER'S SURNAME	LUBAY							06 / 23 / 1965
FIRST NAME	NELSON							/ /
MIDDLE NAME	COLLADOS							/ /
MOTHER'S MAIDEN NAME								12 / 25 / 1949
SURNAME	CAPUL							/ /
FIRST NAME	MARIBTTA							/ /
MIDDLE NAME	TURLA							
(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</p> <p>If YES, give details:</p> <p>_____</p> <p>_____</p> <p>DYES <input type="checkbox"/> NO</p> <p>If YES, give details:</p> <p>_____</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</p> <p>If YES, give details:</p> <p>_____</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</p> <p>If YES, give details:</p> <p>_____</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</p> <p>If YES, give details:</p> <p>_____</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</p> <p>If YES, please specify:</p> <p>_____</p> <p>DYES <input type="checkbox"/> NO</p> <p>If YES, please specify:</p> <p>_____</p> <p>DYES <input type="checkbox"/> NO</p> <p>If YES, please specify:</p> <p>_____</p> <p>_____</p>

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

NAME	ADDRESS	TEL. NO.
ANGELO BRENT COSTE	BAG 2, LAFU - LAFU CITY	09236129419
KEN STEVEN BASUDAS	A. S. FORTUNA BAHILAD CEBU CITY	09294773173
KORINA SANCHEZ	CONSOLACION	09291186483


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 02-12-2018

RIGHT THUMBMARK
