



EMPLOYEE PERSONAL DATA SHEET

Fill out legibly. Mark appropriate boxes **D** with **/** and use separate sheet if necessary.

PERSONAL INFORMATION

| | | | |
|-------------------------------|--|--|--|
| 1. SURNAME | | G E L I G | |
| 2. FIRST NAME | | Q U E I N L Y | |
| 3. MIDDLE NAME | | T A G H A P | |
| 4. DATE OF BIRTH (mm/dd/yyyy) | | 12 / 22 / 1991 | |
| 5. PLACE OF BIRTH | | Rizal Buenavista, Agusan del Norte | |
| 6. SEX | | D Male <input type="checkbox"/> Female <input checked="" type="checkbox"/> | |
| 7. CIVIL STATUS | | <input checked="" type="checkbox"/> Single D Widowed <input type="checkbox"/> Married D Separated <input type="checkbox"/> Annulled D Others, specify _____ | |
| 8. CITIZENSHIP | | Filipino | |
| 9. HEIGHT (m) | | 4' 11" | |
| 10. WEIGHT (kg) | | 60 kg | |
| 11. BLOOD TYPE | | B+ | |
| 12. GSIS ID NO. | | | |
| 13. PAG-IBIG ID NO. | | | |
| 14. PHILHEALTH NO. | | | |
| 15. SSS NO. | | | |
| 16. RESIDENTIAL ADDRESS | | Cantila, Poblacion Occidental, Consolacion Cebu | |
| 17. TELEPHONE NO. | | 09958151211 | |
| 18. PERMANENT ADDRESS | | Cantila, Poblacion Occidental, Consolacion Cebu | |
| 19. TELEPHONE NO. | | 09958151211 | |
| 20. E-MAIL ADDRESS (if any) | | QUEINTAEHYUNG@gmail.com | |
| 21. CELLPHONE NO. (if any) | | 09958151211 | |
| 22. AGENCY EMPLOYEE NO. | | | |
| 23. TIN | | | |

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) | | | |
| 3. FATHER'S SURNAME | | | 05 / 24 / 1972 |
| FIRST NAME | | WILFREDO | / / |
| MIDDLE NAME | | BATIGOL | / / |
| 7. MOTHER'S MAIDEN NAME | | | / / |
| SURNAME | | TAGHAP | 08 / 27 / 1972 |
| FIRST NAME | | EMILY | / / |
| MIDDLE NAME | | BASCO | |
| (Continue on separate sheet if necessary) | | | |

37 a. Have you ever been formally charged? DYES NO
 If YES, give details: _____

b. Have you ever been guilty of any administrative offense? 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
RESIGNATION
 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? DYES NO
 If YES, please specify: _____

b. Are you differently abled? DYES NO
 If YES, please specify: _____

c. Are you a solo parent? DYES NO
 If YES, please specify: _____

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

| NAME | ADDRESS | TEL. NO. |
|-------------------|----------------|-------------|
| EMILIO SILVANO | LAPU-LAPU CITY | 09171179399 |
| JONATHAN MAGALLON | LAPU-LAPU CITY | 09777051999 |
| | | |

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.

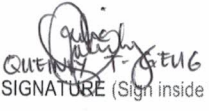
I also authorize the agency head / authorized representative to verify / validate the contents stated herein. I trust that this information shall remain confidential.

COMMUNITY TAX CERTIFICATE NO. _____

ISSUED AT _____

/ /

ISSUED ON (mm/dd/yyyy) _____


 SIGNATURE (Sign inside the box)

DATE ACCOMPLISHED _____

RIGHT THUMBMARK