



EMPLOYEE PERSONAL DATA SHEET

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

I. PERSONAL INFORMATION

2. SURNAME	C A S A U S		
FIRST NAME	L I E Z E L		
MIDDLE NAME	D E M A P E		3. NAME EXTENSION (e.g. Jr., Sr.)
4. DATE OF BIRTH (mm/dd/yyyy)	02 / 08 / 1992	16. RESIDENTIAL ADDRESS	P. DEMEGIO ST., BERCEDE COMPOUND BANILAD, MANDAYUE, CEBU
5. PLACE OF BIRTH	LAPAZ, LEYTE	ZIP CODE	
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	BLOCK 24 LOT 9 PLUTO ST. PHASE 2B URB SUBD. TACLOBAN CITY
8. CITIZENSHIP	FILIPINO	ZIP CODE	6500
9. HEIGHT (m)		19. TELEPHONE NO.	
10. WEIGHT (kg)		20. E-MAIL ADDRESS (if any)	amicalyz2e108@yahoo.com
11. BLOOD TYPE	"O"	21. CELLPHONE NO. (if any)	0945 149 6564
12. GSIS ID NO.	N/A	22. AGENCY EMPLOYEE NO.	
13. PAG-IBIG ID NO.	1210 7007 5854	23. TIN	428 735 689
14. PHILHEALTH NO.	13 050142248 2		
15. SSS NO.	04 3320103 0		

II. FAMILY BACKGROUND

24. SPOUSE'S SURNAME	N/A	25. NAME OF CHILD (Write full name and list all)	DATE OF BIRTH (mm/dd/yyyy)
FIRST NAME		N/A	/ /
MIDDLE NAME			/ /
OCCUPATION			/ /
EMPLOYER/BUS. NAME			/ /
BUSINESS ADDRESS			/ /
TELEPHONE NO.			/ /
(Continue on separate sheet if necessary)			/ /
26. FATHER'S SURNAME	CASAUS		/ /
FIRST NAME	ELPIDIO		/ /
MIDDLE NAME	CORPIN		/ /
27. MOTHER'S MAIDEN NAME			/ /
SURNAME	DEMAYE		/ /
FIRST NAME	VIRGINIA		/ /
MIDDLE NAME	GOMEZ		/ /
(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>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>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>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.	
LIZA ALBIAR	BULACAO, CEBU	0997 630 0520	<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>
REGINE DACALLOS	CARIGARA, LEYTE	0914 865 1484	
KRISTINE ADORZA	LEYTE, LEYTE	0946 182 4265	

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><i>Blonsauw</i></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>		