



EMPLOYEE PERSONAL DATA SHEET

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

1. PERSONAL INFORMATION

2. SURNAME	PAGAL
FIRST NAME	KATHLEEN MICHELLE
MIDDLE NAME	ESTIMO
3. NAME EXTENSION (e.g. Jr., Sr.)	

4. DATE OF BIRTH (m/dd/yyyy)	05 / 20 / 1995
5. PLACE OF BIRTH	CEBU CITY
6. SEX	<input checked="" type="checkbox"/> Male <input type="checkbox"/> Female
7. CIVIL STATUS	<input checked="" type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Dwidowed <input type="checkbox"/> DSeparated <input type="checkbox"/> DAnnulled <input type="checkbox"/> DOthers, specify
8. CITIZENSHIP	FILIPINO
9. HEIGHT (m)	1
10. WEIGHT (kg)	47
11. BLOOD TYPE	O+
12. GIS ID NO.	
13. PAG-BIG ID NO.	1211-1634-6162
14. PHILHEALTH NO.	12-051385876-3
15. SSS NO.	0643516184-9

16. RESIDENTIAL ADDRESS	UNIT 12 GARCIA'S RESIDENCES, 899-E CARMITO ST., MM BLDG, CEBU CITY
17. TELEPHONE NO.	6000
18. PERMANENT ADDRESS	114 F. PARKS ST., ROBLACION, BRKI, CEBU CITY
ZIP CODE	6096

19. TELEPHONE NO.	
20. E-MAIL ADDRESS (if any)	kathleen.estimo@gmail.com
21. CELLPHONE NO. (if any)	0916-454-8201
22. AGENCY EMPLOYEE NO.	
23. TIN	

II. FAMILY BACKGROUND

24. SPOUSE'S SURNAME	PAGAL
FIRST NAME	ARIEL
MIDDLE NAME	DIONSON
OCCUPATION	OPN - SEAFARER
EMPLOYER/BUS. NAME	CEBU ACE MARITIME INC.
BUSINESS ADDRESS	
TELEPHONE NO.	

25. NAME OF CHILD (Write full name and list all)	AYYANNA KATEL FRANCIS E. PAGAL
DATE OF BIRTH (m/dd/yyyy)	09 / 22 / 2015

26. FATHER'S SURNAME	ESTIMO
FIRST NAME	LEO JOHN
MIDDLE NAME	DUQUE
27. MOTHER'S MAIDEN NAME	ALQUIZOLA
SURNAME	MA. LOURDES
FIRST NAME	VILLAFLOR

26. FATHER'S SURNAME	ESTIMO
FIRST NAME	LEO JOHN
MIDDLE NAME	DUQUE
27. MOTHER'S MAIDEN NAME	ALQUIZOLA
SURNAME	MA. LOURDES
FIRST NAME	VILLAFLOR

(Continue on separate sheet if necessary)

RIGHT THUMB MARK	DATE ACCOMPLISHED	ISSUED ON (mm/dd/yyyy)
	SIGNATURE (Sign inside the box)	ISSUED AT
		COMMUNITY TAX CERTIFICATE NO.

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.

NAME	MRS. JHERYL FERNANDEZ
ADDRESS	MRS. JOYANNA MAKIE Y-TA OCHOA
TEL. NO.	MRS. GYSEY BOTAL

Computer generated or xerox copy of picture is not acceptable
ID picture taken within the last 6 months
3.5 cm. X 4.5 cm (passport size)

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

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?
 b. Are you differently abled?
 c. Are you a solo parent?

40. Have you ever been a candidate in a national or local election (except Barangay election)?
 DYES NNO
 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 NNO
 If YES, give details: *Resignation*

38. Have you ever been convicted of any crime or violation of any law, decree, ordinance or regulation by any court or tribunal?
 DYES NNO
 If YES, give details: _____

37 a. Have you ever been formally charged?
 DYES NNO
 If YES, give details: _____
 b. Have you ever been guilty of any administrative offense?
 DYES NNO
 If YES, give details: _____