

iPloy Incorporated
9th Floor Ayala Center Cebu Tower,
Bohol St., Cebu Business Park,
Cebu City 6000




Privacy Consent Form

I acknowledge and understand that my personal information will be collected pursuant to iPloy Staffing Solutions, Inc. and that the company is collecting and will be using this personal employee information only for the establishment, management and conclusion of my employment relationship, including payroll, company benefits in case of emergencies contact information and other reasonable purposes regarding my employment. In agreement to this, the company will only breach the data within the management team only which includes the Operations Management and Human Resources Department when the needs arise.

- I agree that the iPloy Inc holds my personal data about me and consent the company to keep my records.

Upon signing this consent form on the 7 day of JANUARY, 2019 I therefore agree that my personal information be collected.

Employee Name : VENUS Y. TABURADA
Employee Signature : 
Date : 1-7-2018





EMPLOYEE PERSONAL DATA SHEET

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

Schedule: 9:00-6:00
Team Lead: GENALDINE GONZALEZ

I. PERSONAL INFORMATION

2. SURNAME	TABURADA		
FIRST NAME	VENUS		
MIDDLE NAME	YAON	3. NAME EXTENSION (e.g. Jr., Sr.):	
4. DATE OF BIRTH (mm/dd/yyyy)	08 / 11 / 1988	17. RESIDENTIAL ADDRESS	0779 CAMARONIA OF. CORNER GONVILLE LAMB CEBU CITY
5. PLACE OF BIRTH	CEBU CITY	ZIP CODE	6000
6. SEX	<input type="checkbox"/> Male <input type="checkbox"/> Female	18. TELEPHONE NO.	na
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 _____	19. PERMANENT ADDRESS	0779 CAMARONIA OF. CORNER GONVILLE LAMB CEBU CITY
21. E-MAIL ADDRESS (if any)	lynrick2017@gmail.com	ZIP CODE	6000
22. CELLPHONE NO. (if any)	09422357951		
23. EMPLOYEE ID NO.	00050		

II. FAMILY BACKGROUND

24. SPOUSE'S SURNAME	FIRST NAME	MIDDLE NAME	OCCUPATION	EMPLOYER/BUS. NAME	BUSINESS ADDRESS	TELEPHONE NO.	DATE OF BIRTH (mm/dd/yyyy)
							/ /
(Continue on separate sheet if necessary)							/ /
26. FATHER'S SURNAME	TABURADA						05 / 30 / 1969
FIRST NAME	ROEL						/ /
MIDDLE NAME	SENSONTIK						/ /
27. MOTHER'S MAIDEN NAME							/ /
SURNAME	YAON						03 / 20 / 1971
FIRST NAME	VERONICA						/ /
MIDDLE NAME	HONORIO						/ /
25. NAME OF CHILD (Write full name and list all)							/ /
KATELYN PEARL TABURADA ALSOLA							06 / 14 / 2013
KENDRICK PRESTON TABURADA ALSOLA							12 / 15 / 2014
							/ /
							/ /

44. 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



EMPLOYEE PERSONAL DATA SHEET

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

PERSONAL INFORMATION

2. SURNAME	TABURADA		
FIRST NAME	VENUS		
MIDDLE NAME	YAON	3. NAME EXTENSION (e.g. Jr., Sr.)	
4. DATE OF BIRTH (mm/dd/yyyy)	08 / 11 / 1988	16. RESIDENTIAL ADDRESS	
5. PLACE OF BIRTH	CEBU CITY	0163 CAMARONG CRT. CORNER GEMSVILLE LAHUG CEBU CITY.	
6. SEX	<input type="checkbox"/> Male <input checked="" type="checkbox"/> Female	ZIP CODE	6000
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 _____	17. TELEPHONE NO.	0942 235 7951
8. CITIZENSHIP	FILIPINO	18. PERMANENT ADDRESS	
9. HEIGHT (m)	1.55m	0163 CAMARONG CRT. CORNER GEMSVILLE LAHUG CEBU CITY	
10. WEIGHT (kg)	54 kg	ZIP CODE	6000
11. BLOOD TYPE	O+	19. TELEPHONE NO.	na
12. GSIS ID NO.		20. E-MAIL ADDRESS (if any)	sthep06@opko.com
13. PAG-IBIG ID NO.	121003416697	21. CELLPHONE NO. (if any)	0942 235 7951
14. PHILHEALTH NO.	120505866997	22. AGENCY EMPLOYEE NO.	
15. SSS NO.	06-2626310-8	23. TIN	291-832-640-0000

FAMILY BACKGROUND

4. SPOUSE'S SURNAME	25. NAME OF CHILD (Write full name and list all)	DATE OF BIRTH (mm/dd/yyyy)
FIRST NAME	KATELYN PEARL T. ALSOLA	06 / 14 / 2013
MIDDLE NAME	KENDRICK PRESTON T. ALSOLA	12 / 15 / 2014
OCCUPATION		/ /
EMPLOYER/BUS. NAME		/ /
BUSINESS ADDRESS		/ /
TELEPHONE NO.		/ /
(Continue on separate sheet if necessary)		
6. FATHER'S SURNAME	TABURADA	/ /
FIRST NAME	ROEL	/ /
MIDDLE NAME	SENSOTTIK	/ /
7. MOTHER'S MAIDEN NAME		/ /
SURNAME	YAON	/ /
FIRST NAME	VERONICA	/ /
MIDDLE NAME	HONORIO	
(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><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If YES, give details:</p> <p>_____</p> <p>_____</p> <p>DYES <input checked="" type="checkbox"/> NO 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 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><input checked="" type="checkbox"/> YES <input type="checkbox"/> NO If YES, give details: RESIGNATION</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 If YES, give details:</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>DYES <input checked="" type="checkbox"/> NO If YES, please specify:</p> <p>DYES <input checked="" type="checkbox"/> NO If YES, please specify:</p> <p>DYES <input checked="" type="checkbox"/> NO If YES, please specify:</p>

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

NAME	ADDRESS	TEL. NO.
RIBEL MANIBQUE	CAMPONG EXT. LATHIG CEBU CITY	09253773795
CARRIE LOU ANCAN	CAMPONG EXT. LATHIG CEBU CITY	09236315603
MARY JOYCE PEREZ	079 CAMPONG EXT. LATHIG CEBU CITY	09237816400

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.

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

<p>COMMUNITY TAX CERTIFICATE NO.</p>	<p>SIGNATURE (Sign inside the box)</p>	<p>RIGHT THUMBMARK</p>
<p>ISSUED AT</p> <p>/ /</p>	<p>DATE ACCOMPLISHED</p>	
<p>ISSUED ON (mm/dd/yyyy)</p>		