



# EMPLOYEE PERSONAL DATA SHEET

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

## I. PERSONAL INFORMATION

2. SURNAME	L A R A W A N		
FIRST NAME	G I Z Z E L L E J E A N		
MIDDLE NAME	DICHO SO	3. NAME EXTENSION (e.g. Jr., Sr.)	
4. DATE OF BIRTH (mm/dd/yyyy)	05 / 20 / 1991	16. RESIDENTIAL ADDRESS	646 PLARIDEL ST. ALANG-ALANG MANDAUE CITY
5. PLACE OF BIRTH	CAVITE CITY	ZIP CODE	6014
6. SEX	<input type="checkbox"/> Male <input checked="" type="checkbox"/> Female	17. TELEPHONE NO.	09430567138
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	646 PLARIDEL ST. ALANG-ALANG MANDAUE CITY
8. CITIZENSHIP	FILIPINO	ZIP CODE	6014
9. HEIGHT (m)	5'5	19. TELEPHONE NO.	09430567138
10. WEIGHT (kg)	55 kg.	20. E-MAIL ADDRESS (if any)	gizzelejeanlarawan@gmail.com
11. BLOOD TYPE	A+	21. CELLPHONE NO. (if any)	09430567138 / 09152069129
12. GSIS ID NO.		22. AGENCY EMPLOYEE NO.	
13. PAG-IBIG ID NO.	126-7280-9308	23. TIN	280-527-839
14. PHILHEALTH NO.	12-050820836-2		
15. SSS NO.	06-2915647-4		

## II. FAMILY BACKGROUND

24. SPOUSE'S SURNAME	25. NAME OF CHILD (Write full name and list all)	DATE OF BIRTH (mm/dd/yyyy)
FIRST NAME	PAUL JARED DELAO	09 / 24 / 2011
MIDDLE NAME	PAULA JERZELLE DELAO	07 / 19 / 2014
OCCUPATION		/ /
EMPLOYER/BUS. NAME		/ /
BUSINESS ADDRESS		/ /
TELEPHONE NO.		/ /
(Continue on separate sheet if necessary)		
26. FATHER'S SURNAME	LARAWAN	/ /
FIRST NAME	WELHILM	/ /
MIDDLE NAME	VINTA	/ /
27. MOTHER'S MAIDEN NAME		/ /
SURNAME	DICHO SO	/ /
FIRST NAME	EXALTACION	/ /
MIDDLE NAME	RALLON	
(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 checked="" type="checkbox"/> NO</p> <p>If YES, give details:</p> <p>_____</p> <p>_____</p> <p>DYES <input checked="" 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 checked="" 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 checked="" 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 checked="" 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 checked="" type="checkbox"/> NO</p> <p>If YES, please specify:</p> <p>_____</p> <p>DYES <input checked="" type="checkbox"/> NO</p> <p>If YES, please specify:</p> <p>_____</p> <p>DYES <input checked="" type="checkbox"/> NO</p> <p>If YES, please specify:</p> <p>_____</p> <p>_____</p>

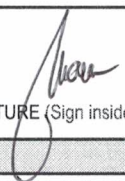
42. REFERENCES (Person not related by consanguinity or affinity to applicant / appointee)

NAME	ADDRESS	TEL. NO.	<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>

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.

01097668
COMMUNITY TAX CERTIFICATE NO.
MAYORALD CAY
ISSUED AT
03 / 28 / 2018
ISSUED ON (mm/dd/yyyy)

 SIGNATURE (Sign inside the box)
DATE ACCOMPLISHED

RIGHT THUMBMARK
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