



EMPLOYEE PERSONAL DATA SHEET

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

Schedule: 9:30 PM

Team Lead: Cheryl Figueroa

I. PERSONAL INFORMATION

2. SURNAME	Z A M O R A		
FIRST NAME	C H R I S T I N E		
MIDDLE NAME	NELLAS	3. NAME EXTENSION (e.g. Jr., Sr.)	
4. DATE OF BIRTH (mm/dd/yyyy)	07 / 12 / 1989	17. RESIDENTIAL ADDRESS	
5. PLACE OF BIRTH	Ormoc, City	#24 Avenue Street Doña Rita Banilad Cebu	
6. SEX	<input type="radio"/> Male <input checked="" type="radio"/> Female	ZIP CODE	
7. CIVIL STATUS	<input type="radio"/> Single <input type="radio"/> Widowed <input type="radio"/> Married <input checked="" type="radio"/> Separated <input type="radio"/> Annulled <input type="radio"/> Others, specify _____	18. TELEPHONE NO.	
21. E-MAIL ADDRESS (if any)	zamorchristine1989@gmail.com	19. PERMANENT ADDRESS	
22. CELLPHONE NO. (if any)	0915 908 3094	#224 Sto. Niño St Isabel Lyte	
23. EMPLOYEE ID NO.	00056	ZIP CODE	
		6539	

II. FAMILY BACKGROUND

24. SPOUSE'S SURNAME		DATE OF BIRTH (mm/dd/yyyy)
FIRST NAME		/ /
MIDDLE NAME		/ /
OCCUPATION		/ /
EMPLOYER/BUS. NAME		/ /
BUSINESS ADDRESS		/ /
TELEPHONE NO.		/ /
(Continue on separate sheet if necessary)		
26. FATHER'S SURNAME	ZAMORA	05 / 15 / 60
FIRST NAME	Amle	/ /
MIDDLE NAME	Awayan	/ /
27. MOTHER'S MAIDEN NAME		/ /
SURNAME	ABONIA NELLAS	02 / 09 / 59
FIRST NAME	Nancy	/ /
MIDDLE NAME	Cocjin	/ /
25. NAME OF CHILD (Write full name and list all)		/ /
Clarence Nellas Zamora		06 / 26 / 1989 2007
		/ /
		/ /

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 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)

IN CASE OF EMERGENCY:
Please Contact: Nancy N. Zamora

Edmundo



EMPLOYEE PERSONAL DATA SHEET

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

PERSONAL INFORMATION

2. SURNAME	ZAMORA		
FIRST NAME	CHRISTINE		
MIDDLE NAME	NELAS	3. NAME EXTENSION (e.g. Jr., Sr.)	
4. DATE OF BIRTH (mm/dd/yyyy)	07 / 12 / 1989	16. RESIDENTIAL ADDRESS	212 B Sunset Drive Lahug Cebu City
5. PLACE OF BIRTH	Ormoc, City Lyte	ZIP CODE	6000
6. SEX	<input type="radio"/> Male <input checked="" type="radio"/> Female	17. TELEPHONE NO.	
7. CIVIL STATUS	<input type="radio"/> Single <input type="radio"/> Widowed <input type="radio"/> Married <input type="radio"/> Separated <input type="radio"/> Annulled <input type="radio"/> Others, specify _____	18. PERMANENT ADDRESS	Sto. Niño St. Kabel Lyte
8. CITIZENSHIP	FILIPINO	ZIP CODE	6539
9. HEIGHT (m)	1.49	19. TELEPHONE NO.	0935-662-0540
10. WEIGHT (kg)		20. E-MAIL ADDRESS (if any)	olachristina29@gmail.com
11. BLOOD TYPE		21. CELLPHONE NO. (if any)	
12. GSIS ID NO.	n/a	22. AGENCY EMPLOYEE NO.	
13. PAG-IBIG ID NO.		23. TIN	317-850-134
14. PHILHEALTH NO.	12-051342109-0		
15. SSS NO.	06-3555421-7		

FAMILY BACKGROUND

4. SPOUSE'S SURNAME	25. NAME OF CHILD (Write full name and list all)	DATE OF BIRTH (mm/dd/yyyy)
FIRST NAME	Clarence Sevilla	06 / 26 / 2007
MIDDLE NAME		/ /
OCCUPATION		/ /
EMPLOYER/BUS. NAME		/ /
BUSINESS ADDRESS		/ /
TELEPHONE NO.		/ /
(Continue on separate sheet if necessary)		
6. FATHER'S SURNAME		05 / 15 / 60
FIRST NAME	Achile	05 / 14 / 89
MIDDLE NAME	Awayan	/ /
7. MOTHER'S MAIDEN NAME		/ /
SURNAME	Stellas	02 / 19 / 59
FIRST NAME	Nancy	/ /
MIDDLE NAME	Cocjin	
(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? <i>NO</i></p>	<p>ES DNO If YES, give details:</p> <hr/> <p>DYES DNO 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? <i>NO</i></p>	<p>DYES DNO 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 DNO If YES, give details:</p>
<p>40. Have you ever been a candidate in a national or local election (except Barangay election)?</p> <p><i>NO</i></p>	<p>DYES DNO 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? <i>NO</i></p> <p>b. Are you differently abled? <i>NO</i></p> <p>c. Are you a solo parent? <i>YES</i></p>	<p>DYES DNO If YES, please specify:</p> <p>DYES DNO If YES, please specify:</p> <p>DYES DNO If YES, please specify:</p>

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


NAME	ADDRESS	TEL. NO.
<i>Precy Lyn Pil</i>	<i>Bacayan Cebu City</i>	

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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

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