



EMPLOYEE PERSONAL DATA SHEET

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

Schedule:


Team Lead:

I. PERSONAL INFORMATION

2. SURNAME	BERONIO		
FIRST NAME	VINCE		
MIDDLE NAME		3. NAME EXTENSION (e.g. Jr., Sr.)	
4. DATE OF BIRTH (mm/dd/yyyy)	DEC /13/1997	17. RESIDENTIAL ADDRESS	102-A LOGARTA STREET CEBU CITY
5. PLACE OF BIRTH	CEBU CITY	ZIP CODE	6000
6. SEX	<input checked="" type="checkbox"/> Male <input type="checkbox"/> Female	18. 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 _____	19. PERMANENT ADDRESS	102-A LOGARTA STREET CEBU CITY
8. CITIZENSHIP	FILIPINO	ZIP CODE	6000
9. HEIGHT (m)	5'6	20. TELEPHONE NO.	
10. WEIGHT (kg)	78 kg	21. E-MAIL ADDRESS (if any)	vince.beronio@gmail.com
11. BLOOD TYPE	B+	22. CELLPHONE NO. (if any)	09991435875
12. GSIS ID NO.		23. EMPLOYEE ID NO.	
13. PAG-IBIG ID NO.	121165579396		
14. PHILHEALTH NO.	120254896140		
15. SSS NO.	063771034		
16. TIN	326613291		

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	DIORES	Oct /17/1971
FIRST NAME	RANDY	/ /
MIDDLE NAME	RAMAS	/ /
27. MOTHER'S MAIDEN NAME		/ /
SURNAME	BERONIO	Sept /14/1976
FIRST NAME	LINA	/ /
MIDDLE NAME	BANGHOU	/ /
25. NAME OF CHILD (Write full name and list all)		
/ /		
/ /		
/ /		
/ /		
/ /		

37 a. Have you ever been formally charged?	DYES <input type="checkbox"/> NO <input checked="" type="checkbox"/> If YES, give details _____ _____		
b. Have you ever been guilty of any administrative offense?	DYES <input type="checkbox"/> NO <input checked="" type="checkbox"/> If YES, give details _____ _____		
38. Have you ever been convicted of any crime or violation of any law, decree, ordinance or regulation by any court or tribunal?	DYES <input type="checkbox"/> NO <input checked="" type="checkbox"/> If YES, give details _____ _____		
39. Have you ever been separated from the service in any 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 <input type="checkbox"/> NO <input checked="" type="checkbox"/> If YES, give details _____ _____		
40. Have you ever been a candidate in a national or local election (except Barangay election)?	DYES <input type="checkbox"/> NO <input checked="" type="checkbox"/> If YES, give details _____ _____		
41. Pursuant to: (a) Indigenous People's Act (RA 8373); (b) Magna Carta for Disabled Persons (RA 7277); and Solo Parents Welfare Act 2000 (RA 8972), please answer the following items:	_____ _____		
a. Are you a member of any indigenous group?	DYES <input type="checkbox"/> NO <input checked="" type="checkbox"/> If YES, give please specify: _____		
b. Are differently abled?	DYES <input type="checkbox"/> NO <input checked="" type="checkbox"/> If YES, give please specify: _____		
c. Are you a solo parent?	DYES <input type="checkbox"/> NO <input checked="" type="checkbox"/> If YES, give please specify: _____		
42. REFERENCES (Person not related by consanguinity or affinity to applicant/appointee)			
NAME	ADDRESS		
43. EMPLOYMENT RECORD			
COMPANY NAME	POSITION	FROM	TO
TELEPERFORMANCE	CSR	MARCH 2016	MAY 2019
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.		ID picture taken within the last 6 months 3.5 cm. X 4.5 cm (passport size)	
I also authorize the agency head/ authorized representative to verify/ validate the contents stated herein. I trust that this information shall remain confidential.		Computer generated or xerox copy of picture is not acceptable.	
COMMUNITY TAX CERTIFICATE NO.	RIGHT THUMBMARK		
ISSUED AT			
ISSUED ON (mm/dd/yyyy)			
IN CASE OF EMERGENCY: Please Contact: <u>ERA DIORES</u>		 SIGNATURE (Sign in the box)	