



EMPLOYEE PERSONAL DATA SHEET

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

Schedule: _____

I. PERSONAL INFORMATION

Team Lead: _____

| | | | |
|-------------------------------|--|-----------------------------------|--|
| 2. SURNAME | C A T A Y A S | | |
| FIRST NAME | R O V I R O S E | | |
| MIDDLE NAME | AMPER | 3. NAME EXTENSION (e.g. Jr., Sr.) | |
| 4. DATE OF BIRTH (mm/dd/yyyy) | 11 / 17 / 1989 | 17. RESIDENTIAL ADDRESS | GEMINI ST. PLEASANT HOMES SUBD. PUNTA PRINCESA CEBU CITY |
| 5. PLACE OF BIRTH | CEBU CITY | ZIP CODE | 6000 |
| 6. SEX | D Male <input checked="" type="checkbox"/> Female | 18. TELEPHONE NO. | |
| 7. CIVIL STATUS | <input checked="" type="checkbox"/> Single DWidowed DMarried DSeparated DAnnulled DOthers, specify _____ | 19. PERMANENT ADDRESS | GEMINI ST. PLEASANT HOMES SUBD PUNTA PRINCESA CEBU CITY |
| 8. CITIZENSHIP | FILIPINO | ZIP CODE | 6000 |
| 9. HEIGHT (m) | | 20. TELEPHONE NO. | |
| 10. WEIGHT (kg) | | 21. E-MAIL ADDRESS (if any) | irovyou017@gmail.com |
| 11. BLOOD TYPE | | 22. CELLPHONE NO. (if any) | 09568905691 |
| 12. GSIS ID NO. | | 23. EMPLOYEE ID NO. | |
| 13. PAG-IBIG ID NO. | | | |
| 14. PHILHEALTH NO. | | | |
| 15. SSS NO. | | | |
| 16. TIN | | | |

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 | CATAYAS | 12 / 12 / 1945 | |
| FIRST NAME | RODOLFO | / / | |
| MIDDLE NAME | ROBUSTRO | / / | |
| 27. MOTHER'S MAIDEN NAME | | / / | |
| SURNAME | AMPER | 11 / 15 / 1950 | |
| FIRST NAME | VILMA | / / | |
| MIDDLE NAME | MERCADO | / / | |
| 25. NAME OF CHILD (Write full name and list all) | | / / | |
| MONICA GREY SENERPIDA | | 09 / 07 / 2010 | |
| | | / / | |
| | | / / | |
| | | / / | |
| | | / / | |

| | |
|---|---------------------------------------|
| 37 a. Have you ever been formally charged? | DYES DNO If YES, give details |
| | _____ |
| b. Have you ever been guilty of any administrative offense? | DYES DNO 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 DNO 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? | <input checked="" type="checkbox"/> DYES DNO If YES, give details <u>RESIGNATION</u> |
| | _____ |

| | |
|--|---------------------------------------|
| 40. Have you ever been a candidate in a national or local election (except Barangay election)? | DYES DNO If YES, give details |
| | _____ |

| | |
|---|---|
| 41. Pursuant to: (a) Indigenouse People's Act (RA 83710); (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 DNO If YES, give please specify: _____ |
| b. Are differently abled? | DYES DNO If YES, give please specify: _____ |
| c. Are you a solo parent? | <input checked="" type="checkbox"/> DYES DNO If YES, give please specify: _____ |

| 42. REFERENCES (Person not related by consanguinity or affinity to applicant/appointee) | | |
|---|---------|---------|
| NAME | ADDRESS | TEL NO. |
| | | |
| | | |
| | | |

| 43. EMPLOYMENT RECORD | | | |
|--------------------------|----------|---------------|---------------|
| COMPANY NAME | POSITION | FROM | TO |
| QUALFON PHILIPPINES INC. | CSR | JUNE 11, 2012 | JUNE 27, 2018 |
| | | | |
| | | | |

| | |
|---|--|
| 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) |
|---|--|

| |
|-------------------------------|
| COMMUNITY TAX CERTIFICATE NO. |
| ISSUED AT |
| / / |
| ISSUED ON (mm/dd/yyyy) |

| |
|-----------------|
| RIGHT THUMBMARK |
|-----------------|

Computer generated or xerox copy of picture is not acceptable

| | |
|--|--|
| IN CASE OF EMERGENCY: Please Contact: _____ | |
|--|--|