

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 ___ day of _____, 2019 I therefore agree that my personal information be collected.

Employee Name : MARION DIMPLES FELIMINIANG
Employee Signature : 
Date : 11/9/2019



EMPLOYEE PERSONAL DATA SHEET

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

Schedule: 10PM - 7AM

Team Lead: DIANNE ALMEIDA

I. PERSONAL INFORMATION

2. SURNAME	F E L I M I N I A N O		
FIRST NAME	M A R I A M D I M P L E S		
MIDDLE NAME	RAFI	3. NAME EXTENSION (e.g. Jr., Sr.)	
4. DATE OF BIRTH (mm/dd/yyyy)	10 / 25 / 1997	17. RESIDENTIAL ADDRESS	DOOR 10, RANISSE APARTMENT 26 P. del Rosario Extension SAN RAFAEL, CEBU CITY
5. PLACE OF BIRTH	ANAWAN SOUTHERN WYTE	ZIP CODE	6000
6. SEX	O Male <input type="checkbox"/> Female <input type="checkbox"/>	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	Pong-oy, San Juan Southern WYTE
21. E-MAIL ADDRESS (if any)	dimpleycañones@gmail.com mariandimples@icloud.com	ZIP CODE	6000
22. CELLPHONE NO. (if any)	09673921495		
23. EMPLOYEE ID NO.	0904		

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	ESKURVAL
FIRST NAME	LEYRAC
MIDDLE NAME	
27. MOTHER'S MAIDEN NAME	
SURNAME	Patchico
FIRST NAME	Susana
MIDDLE NAME	Rafael Rabi Feliminiano

25. NAME OF CHILD	
(Write full name and list all)	

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.

201 CHECKLIST

- SSS
- PAG-IBIG
- PHILHEALTH
- TIN 2716 (2017)
- NBI
- TOR/Certificate / Diploma
- 2X2 & 1X1
- COE
- NSO Birth Certificate
- NSO Marriage Certificate (if Married)
- NSO Birth Certificate of Dependents
- Medical Certificate/Receipt
- Sketch of Residence

Other Forms

- Resume
- Job Offer
- Contract
- ID Application Form
- Employee Personal Data Sheet
- Code of Conduct and Discipline
- Consent for Pre-employment & Background Check
- Dresscode Policy
- Drug-free Workplace
- iPloy Gift Policy
- iPloy Social Media
- Memo: Call In for Out Office
- Memo: Restroom Guidelines
- Office Security Log In & Log Out Procedure

ce 11/2/19