



# EMPLOYEE PERSONAL DATA SHEET

Print legibly. Mark appropriate boxes. Use "N/A" and use separate sheet if necessary.

Section 1

## I. PERSONAL INFORMATION

Section 1

2. SURNAME	SABAL		
FIRST NAME	ELVIN RAE		
MIDDLE NAME	CODEBAR	3. NAME EXTENSION (e.g. Jr., Sr.)	
4. DATE OF BIRTH (mm/dd/yyyy)	01/12/1984	17. RESIDENTIAL ADDRESS	5110 LUPA, SAPANGDAKU 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.	09084447345
7. CIVIL STATUS	<input checked="" type="checkbox"/> Single <input type="checkbox"/> Divorced <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Annulled <input type="checkbox"/> Others, specify _____	19. PERMANENT ADDRESS	5110 LUPA, SAPANGDAKU CEBU CITY
8. CITIZENSHIP	FILIPINO	ZIP CODE	6000
9. HEIGHT (m)	5'5"	20. TELEPHONE NO.	09084447345
10. WEIGHT (kg)	56 KGS.	21. E-MAIL ADDRESS (if any)	ec.sabal12@ gmail.com
11. BLOOD TYPE	B	22. CELLPHONE NO. (if any)	09054447345
12. GSIS ID NO.		23. EMPLOYEE ID NO.	
13. PAG-IBIG ID NO.			
14. PhilHEALTH NO.	12-050373166-0		
15. SSS NO.	06-2386152-9		
16. TIN	308-462-836-000		

## II. FAMILY BACKGROUND

24. SPOUSE'S SURNAME	SABAL	DATE OF BIRTH (mm/dd/yyyy)	
FIRST NAME	ROWENA		
MIDDLE NAME	ABELLA	09/21/1987	
OCCUPATION	SALES LADY	/ /	
EMPLOYER/BUS. NAME	HOTSHOPPE	/ /	
BUSINESS ADDRESS	AYALA CENTER CEBU	/ /	
TELEPHONE NO.		/ /	
(Continue on separate sheet if necessary)			
26. FATHER'S SURNAME	SABAL	10/10/1954	
FIRST NAME	VICTOR	/ /	
MIDDLE NAME	RAGASAJU	/ /	
27. MOTHER'S MAIDEN NAME		/ /	
SURNAME	CODEBAR	04/19/1964	
FIRST NAME	ELSA	/ /	
MIDDLE NAME	LABRADOR	/ /	
25. NAME OF CHILD			
(Write full name and list all)			
RAENA MAY A. SABAL		05/17/2006	
ROELLA MAUREEN A. SABAL		10/11/2015	
RHEANE MARIE A. SABAL		3/4/2017	
		/ /	

37 a. Have you ever been formally charged?  YES  NO  
If YES, give details

---

b. Have you ever been guilty of any administrative offense?  YES  NO  
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?  YES  NO  
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?  YES  NO  
If YES, give details

**NOT MEETING SALCS GOUDA**

40. Have you ever been a candidate in a national or local election (except Barangay election)?  YES  NO  
If YES, give details

---

41. Pursuant to: (a) Indigenous Peoples Act (RA 8371); (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?  YES  NO  
If YES, give please specify: \_\_\_\_\_

b. Are differently abled?  YES  NO  
If YES, give please specify: \_\_\_\_\_

c. Are you a solo parent?  YES  NO  
If YES, give please specify: \_\_\_\_\_

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

NAME	ADDRESS	TEL NO.
LINCH CHEVARRIA		0942 097 2015
NICHOLSON MAPALI		0922 5701139

43. EMPLOYMENT RECORD (latest)

COMPANY NAME	POSITION	FROM	TO
REGIS	CSR	MARCH 2013	SEPT. 2014
CYG	TSR	MAY 2015	JULY 2016
	CSR	AUG. 2016	APR. 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)

Computer generated or xerox copy of picture is not acceptable

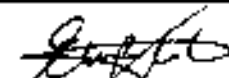
COMMUNITY TAX CERTIFICATE NO. \_\_\_\_\_

ISSUED AT \_\_\_\_\_

ISSUED ON (mm/dd/yyyy) \_\_\_\_\_

R-GHT THUMBMARK \_\_\_\_\_

IN CASE OF EMERGENCY:  
Please Contact: ROSENA SABAL  
Contact Number: 09266310946

SIGNATURE  SIGNATURE (Sign in the box)