



EMPLOYEE PERSONAL DATA SHEET

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

PERSONAL INFORMATION

SURNAME		GABATO	
FIRST NAME		JADE	
MIDDLE NAME		LABRA	
DATE OF BIRTH (mm/dd/yyyy)		03 / 12 / 1994	
PLACE OF BIRTH		CEBU CITY	
SEX		<input type="checkbox"/> Male <input checked="" type="checkbox"/> Female	
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 _____	
CITIZENSHIP		FILIPINO	
HEIGHT (m)		1.7 m	
WEIGHT (kg)		58 kg.	
BLOOD TYPE		O+	
AGSIS ID NO.			
PAG-IBIG ID NO.		1211-1992-0225	
PHILHEALTH NO.		12-025405227-8	
SSS NO.		06-3748957-3	
16. RESIDENTIAL ADDRESS		4761 V. RAMA AVE. GUADALUPE CEBU CITY	
ZIP CODE		6000	
17. TELEPHONE NO.			
18. PERMANENT ADDRESS		4761 V. RAMA AVE. GUADALUPE CEBU CITY	
ZIP CODE		6000	
19. TELEPHONE NO.		201-07-83	
20. E-MAIL ADDRESS (if any)		jgabato23@gmail.com	
21. CELLPHONE NO. (if any)		09325986598	
22. AGENCY EMPLOYEE NO.			
23. TIN		487-976-904-000	

FAMILY BACKGROUND

SPOUSE'S SURNAME	25. NAME OF CHILD (Write full name and list all)	DATE OF BIRTH (mm/dd/yyyy)
FIRST NAME	ANIKA CHARTELLE GABATO	12 / 23 / 2014
MIDDLE NAME		/ /
OCCUPATION		/ /
EMPLOYER/BUS. NAME		/ /
BUSINESS ADDRESS		/ /
TELEPHONE NO.		/ /
(Continue on separate sheet if necessary)		
FATHER'S SURNAME	GABATO	/ /
FIRST NAME	ALFREDO	/ /
MIDDLE NAME	AVENIDO	/ /
MOTHER'S MAIDEN NAME		/ /
SURNAME	LABRA	/ /
FIRST NAME	MA. JOVIE	/ /
MIDDLE NAME	MONTEKDE	
(Continue on separate sheet if necessary)		

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

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

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? DYES NO
 If YES, give details: _____

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

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:

a. Are you a member of any indigenous group? DYES NO
 If YES, please specify: _____

b. Are you differently abled? DYES NO
 If YES, please specify: _____

c. Are you a solo parent? DYES NO
 If YES, please specify: _____

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

NAME	ADDRESS	TEL. NO.	
MS. IRENE ROSALES	TALISAY, CEBU CITY		ID picture taken within the last 6 months 3.5 cm. X 4.5 cm (passport size)
MR. RYAN KHARL ALEJANDRE	BUHISAN TISA, CEBU CITY		

43. 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.

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