

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

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

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

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

NAME	ADDRESS	TEL NO.
ANARITA BONDOL	0915 284 280 MANAMU C.C	0915 284 257
MARICEL DELA REYES	0929 251 1917 MANDAUE CEBU	0929 251 1917
ROBBIE OYU TOMPOC	TALISAY CITY	0917 9288 572

43. EMPLOYMENT RECORD (latest)

COMPANY NAME	POSITION	FROM	TO
CONVERGENS	CR	2016	2017
OMEGA HEALTHCARE	CR	2017	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)

RIGHT THUMBMARK

IN CASE OF EMERGENCY:
 Please Contact: IRENE FLORES

ibarawia
 SIGNATURE (Sign in the box)