



EMPLOYEE PERSONAL DATA SHEET

Print legibly. Mark appropriate boxes. D with 'X' and use separate sheet if necessary.

Section 1

I. PERSONAL INFORMATION

Section 2

2. SURNAME	S O L A		
FIRST NAME	E U L A L I O D A N		
MIDDLE NAME	DURON	3. NAME EXTENSION (e.g. Jr., Sr.)	
4. DATE OF BIRTH (mm/dd/yyyy)	05/24/97	17. RESIDENTIAL ADDRESS	810g 4 UNIT 419 URBAN DECA HO BRGY, TIPOL MANDAUE CITY
5. PLACE OF BIRTH	CALBAYOG CITY	ZIP CODE	
6. SEX	<input checked="" type="checkbox"/> Male <input type="checkbox"/> Female	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	PO BOX 542, SAN ISIDRO NORTHERN TAMAR
8. CITIZENSHIP	FILIPINO	ZIP CODE	
9. HEIGHT (m)	1.68 M	20. TELEPHONE NO.	
10. WEIGHT (kg)	65 Kg	21. E-MAIL ADDRESS (if any)	eulalio@gmail
11. BLOOD TYPE	O+	22. CELLPHONE NO. (if any)	0920448214
12. SSIS ID NO.		23. EMPLOYEE ID NO.	
13. PAG-IBIG ID NO.			
14. PHILHEALTH NO.	12-051461464-4		
15. BSS NO.	04-3751985-4		
16. TIN	324 442 994		

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)			
25. FATHER'S SURNAME	SOLA	DATE OF BIRTH	12 / 06 / 63
FIRST NAME	EULALIO		
MIDDLE NAME	OLEDIANA		
26. MOTHER'S MAIDEN NAME			
SURNAME	DURON	DATE OF BIRTH	11 / 24 / 65
FIRST NAME	FELY		
MIDDLE NAME	ALDES		
25. NAME OF CHILD			
(Write full name and sex)			

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 8373); (b) Magna Carta for Disabled Persons (RA 7277); and Solo Parents Welfare Act 2009 (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.
MARINELLE OLIVAR	KAMPUTHAW, CEBU CITY	0921 662 66 90
ROY TOLENTINO	ESCARLO, CARITÓ CEBU	0999 444 4959

43. EMPLOYMENT RECORD (latest)

COMPANY NAME	POSITION	FROM	TO
CONVERGYS PHIL	TECH SUPPORT	Feb 18, 2018	AUG. 1, 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.


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

RIGHT THUMBMARK

ID picture taken within the last 5 months 3.5 cm x 4.5 cm (passport size)

Computer generated or serco copy of picture is not acceptable

IN CASE OF EMERGENCY:
 Please Contact: FELIX SOLA
 Contact Number: 0917 884 4213


 SIGNATURE (Sign at the box) 11-06-18