



# EMPLOYEE PERSONAL DATA SHEET

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

Schedule: 9:30

## I. PERSONAL INFORMATION

Team Lead: Cheryl Figuera

2. SURNAME	VILLORDON		
FIRST NAME	ANGELINE		
MIDDLE NAME			
3. NAME EXTENSION (e.g. Jr., Sr.)			
4. DATE OF BIRTH (mm/dd/yyyy)	11 / 22 / 1997		17. RESIDENTIAL ADDRESS
5. PLACE OF BIRTH	KALUBIHAN CEBU BARILI		LOWER TUNGTAAN MINGCANILLA CEBU
6. SEX	O Male <input checked="" type="checkbox"/> Female		ZIP CODE
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 _____		6046
21. E-MAIL ADDRESS (if any)	geline.villordon@gmail.com		18. TELEPHONE NO.
22. CELLPHONE NO. (if any)	09202295969		19. PERMANENT ADDRESS
23. EMPLOYEE ID NO.	820		ZIP CODE

## 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	JOVEN	11 / 30 / 1974
FIRST NAME	WILSON (FOSTER FATHER)	/ /
MIDDLE NAME	CALUNSKO	/ /
27. MOTHER'S MAIDEN NAME		/ /
SURNAME	VILLORDON	10 / 08 / 1975
FIRST NAME	BRIGIDA	/ /
MIDDLE NAME	MARATA	/ /
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.

ID picture taken within the last 6 months 3.5 cm. X 4.5 cm (passport size)

IN CASE OF EMERGENCY: Please Contact: BRIGIDA VILLORDON (MOM)	Signature: <i>Geline Villordon</i> 08/18
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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) Indigenouse 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.
Queenzel Lawas	Davao City, Lebu	0925 478 9433
Ma-Theresa Juan	Bulacaw Lebu City	0943 497 8272

43. EMPLOYMENT RECORD (latest)

COMPANY NAME	POSITION	FROM	TO

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

RIGHT THUMBMARK
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Computer generated or xerox copy of picture is not acceptable

IN CASE OF EMERGENCY:

Please Contact: BRIGIDA VILLOREN  
Contact Number: 0947 446 9704  
Relation: MOTHER

Amelinda 11/12/18  
ANJELINE VILLOREN  
SIGNATURE (Sign in the box)  
DATE ACCOMPLISHED