



EMPLOYEE PERSONAL DATA SHEET

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

Schedule: _____

I. PERSONAL INFORMATION

Team Lead: _____

2. SURNAME	VILLAVERDE		
FIRST NAME	ZANDRICK		
MIDDLE NAME	MENGUILLO	3. NAME EXTENSION (e.g. Jr., Sr.)	
4. DATE OF BIRTH (mm/dd/yyyy)	11 / 16 / 1992	17. RESIDENTIAL ADDRESS	
5. PLACE OF BIRTH	SILAY CITY, NEG OCC	39 POPE JOHN PAUL 2ND AVE MARBOLD, CEBU	
6. SEX	<input checked="" type="checkbox"/> Male <input type="checkbox"/> Female	ZIP CODE	
7. CIVIL STATUS	<input checked="" type="checkbox"/> Single <input type="checkbox"/> DWidowed <input type="checkbox"/> DMarried <input type="checkbox"/> DSeparated <input type="checkbox"/> DAnnulled <input type="checkbox"/> DOthers, specify _____	6000	
8. CITIZENSHIP	FILIPINO	18. TELEPHONE NO.	
9. HEIGHT (m)		09054926603	
10. WEIGHT (kg)		19. PERMANENT ADDRESS	
11. BLOOD TYPE		BLK 1 LOT 16 OHS TALISAY CITY, NEGROS OCCIDENTAL	
12. GSIS ID NO.		ZIP CODE	
13. PAG-IBIG ID NO.	121114749275	6115	
14. PHILHEALTH NO.	110500276837	20. TELEPHONE NO.	
15. SSS NO.	0728651537	09054926603	
16. TIN	440322725	21. E-MAIL ADDRESS (if any)	
		zandrick01mv@gmail	
		22. CELLPHONE NO. (if any)	
		23. EMPLOYEE ID NO.	

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	VILLAVERDE	/ /
FIRST NAME	MERCURY	/ /
MIDDLE NAME	ALUMARON	/ /
27. MOTHER'S MAIDEN NAME		/ /
SURNAME	VILLAVERDE	/ /
FIRST NAME	MARCELINA	/ /
MIDDLE NAME	MENGUILLO	/ /
25. NAME OF CHILD		/ /
(Write full name and list all)		/ /
		/ /
		/ /
		/ /
		/ /
		/ /

37 a. Have you ever been formally charged?
 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.
GLAZE INGRID JAMIR		09662862667
QUINCY AHH ADD		09155118771
APRIL JANE SABELLINA		09170913896

43. EMPLOYMENT RECORD (latest)

COMPANY NAME	POSITION	FROM	TO
CONVERGYS / CONCENTRIX	TECH SUPP REP	APRIL 2014	DECEMBER 2018
PANASIATIC SOLUTIONS	CSR / TSR	MAY 2013	JAN 2014

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 6 months 3.5 cm. X 4.5 cm (passport size)

Computer generated or xerox copy of picture is not acceptable

IN CASE OF EMERGENCY:
 Please Contact: SANDRALYN VILLANERO
 Contact Number: 0917 105 3470



01/28/19
 SIGNATURE (Sign in the box)