



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 | P E R A L E S | | |
| FIRST NAME | V A N S O N | | |
| MIDDLE NAME | BARTOLINI | 3. NAME EXTENSION (e.g. Jr., Sr.) | |
| 4. DATE OF BIRTH (mm/dd/yyyy) | 07 / 02 / 1989 | 17. RESIDENTIAL ADDRESS | 609 P. Rodriguez St., Opon, Lapu Lapu City, Cebu |
| 5. PLACE OF BIRTH | Ormoc City, Leyte | 18. TELEPHONE NO. | |
| 6. SEX | <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female | 19. PERMANENT ADDRESS | Brgy. Maybay, Baybay City, Leyte |
| 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 _____ | 20. TELEPHONE NO. | |
| 8. CITIZENSHIP | Filipino | 21. E-MAIL ADDRESS (if any) | vanson.peralas@gmail.com |
| 9. HEIGHT (m) | 1.524 m | 22. CELLPHONE NO. (if any) | 09269805589 |
| 10. WEIGHT (kg) | 50 kg. | 23. EMPLOYEE ID NO. | 00912 |
| 11. BLOOD TYPE | | | |
| 12. GSIS ID NO. | | | |
| 13. PAG-IBIG ID NO. | 1212 - 3589 - 4159 | | |
| 14. PHILHEALTH NO. | 01 - 051237029 - 8 | | |
| 15. SSS NO. | 34 - 214 2189 - 6 | | |
| 16. TIN | 294 - 568 - 292 - 000 | | |

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 | Perales | / / |
| FIRST NAME | Servando | / / |
| MIDDLE NAME | Custodio | / / |
| 27. MOTHER'S MAIDEN NAME | | / / |
| SURNAME | Bartolini | / / |
| FIRST NAME | Felda | / / |
| MIDDLE NAME | Salas | / / |
| 25. NAME OF CHILD (Write full name and list all) | | / / |
| | | / / |
| | | / / |
| | | / / |
| | | / / |