



EMPLOYEE PERSONAL DATA SHEET

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

Schedule: _____


I. PERSONAL INFORMATION

Team Lead: _____

2. SURNAME	S E L M A		
FIRST NAME	J O H N S T E V E N		
MIDDLE NAME			
3. NAME EXTENSION (e.g. Jr., Sr.)			
4. DATE OF BIRTH (mm/dd/yyyy)	01 / 18 / 95		17. RESIDENTIAL ADDRESS
5. PLACE OF BIRTH	CAGAY, BARILI CEBU		VILLA DEL RIO2, #173 JUAN-LUNA ST. CEBU CITY
6. SEX	<input checked="" type="checkbox"/> Male <input 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 _____		18. TELEPHONE NO.
8. CITIZENSHIP	FILIPINO		19. PERMANENT ADDRESS
9. HEIGHT (m)	1.70		VILLA DEL RIO2, #173 JUAN-LUNA ST. PH-Ds, CEBU CITY
10. WEIGHT (kg)	93		ZIP CODE
11. BLOOD TYPE			6000
12. QGIS ID NO.			20. TELEPHONE NO.
13. PAG-IBIG ID NO.			09060485285
14. PHILHEALTH NO.	12-051558192-3		21. E-MAIL ADDRESS (if any)
15. SSS NO.			Stevenselma23@gmail
16. TIN			22. CELLPHONE NO. (if any)
			09060485285
			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	/ /
FIRST NAME	/ /
MIDDLE NAME	/ /
27. MOTHER'S MAIDEN NAME	/ /
SURNAME	/ /
FIRST NAME	/ /
MIDDLE NAME	/ /
25. NAME OF CHILD (Write full name and list all)	/ /
	/ /
	/ /
	/ /
	/ /

37 a. Have you ever been formally charged?	DYES <input type="checkbox"/> NO If YES, give details _____						
b. Have you ever been guilty of any administrative offense?	DYES <input type="checkbox"/> 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 <input type="checkbox"/> 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 <input checked="" type="checkbox"/> NO If YES, give details Recently resigned from <u>Eperformax</u>						
40. Have you ever been a candidate in a national or local election (except Barangay election)?	DYES <input type="checkbox"/> NO If YES, give details _____						
41. Pursuant to: (a) Indigenous People's Act (RA 8371); (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 <input type="checkbox"/> NO If YES, give please specify: _____						
b. Are differently abled?	DYES <input type="checkbox"/> NO If YES, give please specify: _____						
c. Are you a solo parent?	DYES <input type="checkbox"/> NO If YES, give please specify: _____						
42. REFERENCES (Person not related by consanguinity or affinity to applicant/appointee)							
NAME	ADDRESS	TEL NO.					
Kirkee Cal Roca		0918 562 0664					
NOBY PEDRANO		0927 642 6746					
Ana Rose SIPALAY		0938 966 4179					
43. EMPLOYMENT RECORD (latest)							
COMPANY NAME	POSITION	FROM	TO				
Eperformax	CSR	2018	2019				
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.		ID picture taken within the last 6 months 3.5 cm. X 4.5 cm. (passport size)					
I also authorize the agency head/ authorized representative to verify/ validate the contents stated herein. I trust that this information shall remain confidential.		Computer generated or xerox copy of picture is not acceptable					
<table border="1" style="width:100%; border-collapse: collapse;"> <tr><td style="padding: 2px;">COMMUNITY TAX CERTIFICATE NO.</td></tr> <tr><td style="padding: 2px;">ISSUED AT</td></tr> <tr><td style="padding: 2px;">/ /</td></tr> <tr><td style="padding: 2px;">ISSUED ON (mm/dd/yyyy)</td></tr> </table>	COMMUNITY TAX CERTIFICATE NO.	ISSUED AT	/ /	ISSUED ON (mm/dd/yyyy)	RIGHT THUMBMARK		
COMMUNITY TAX CERTIFICATE NO.							
ISSUED AT							
/ /							
ISSUED ON (mm/dd/yyyy)							
IN CASE OF EMERGENCY: Please Contact: <u>LUCY BROWNE</u>		 SIGNATURE (Use in the box)					