

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.

43. EMPLOYMENT RECORD (latest)

COMPANY NAME	POSITION	FROM	TO
<i>CORDIA Phil</i>	<i>Telesales</i>	<i>2010</i>	<i>2012</i>
<i>LIVE & SELL</i>	<i>Telesales</i>	<i>2012</i>	<i>2016</i>
<i>Demand Science Team</i>	<i>Telesales</i>	<i>2017</i>	<i>2018</i>

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)

Computer generated or xerox copy of picture is not acceptable

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

IN CASE OF EMERGENCY:

Please Contact: *Erlinda J. Ramos*

Contact Number: *326 0224*

SIGNATURE (sign in the box)

[Signature]