



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	G E N O N		
FIRST NAME	D A N D R E B		
MIDDLE NAME	BULA	3. NAME EXTENSION (e.g. Jr., Sr.)	
4. DATE OF BIRTH (mm/dd/yyyy)	04/28/88	17. RESIDENTIAL ADDRESS	SMD BONBON OCANA CARRAR
5. PLACE OF BIRTH	CEBU CITY	ZIP CODE	6013
6. SEX	<input checked="" type="checkbox"/> Male <input type="checkbox"/> Female	18. TELEPHONE NO.	
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 _____	19. PERMANENT ADDRESS	PHASE 4 ST. JUDE ACRES BULACAO PARDO CEBU CITY
8. CITIZENSHIP	FILIPINO	ZIP CODE	6000
9. HEIGHT (m)	198 CM	20. TELEPHONE NO.	
10. WEIGHT (kg)	73 KG	21. E-MAIL ADDRESS (if any)	dandan.genon@gmail.com
11. BLOOD TYPE	O	22. CELLPHONE NO. (if any)	09290068502
12. GSIS ID NO.		23. EMPLOYEE ID NO.	
13. PAG-IBIG ID NO.	1211-0303-7642		
14. PHILHEALTH NO.	12-051262746-9		
15. SSS NO.	06-3801614-9		
16. TIN	327-298-657-000		

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	BENON	01/17/1958
FIRST NAME	DANILO	/ /
MIDDLE NAME	MORALES	/ /

27. MOTHER'S MAIDEN NAME		/ /
SURNAME	BULA	11/05/1962
FIRST NAME	DELIA	/ /
MIDDLE NAME	DESABILLE	/ /

25. NAME OF CHILD (Write full name and list all)		/ /
		/ /
		/ /
		/ /

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.
MIKKO JOEL MORTIA	BANAWA CEBU CITY	09294836003
ALLAN ALBERT DIPUTADO	TALAMBANI CEBU CITY	09951711840

43. EMPLOYMENT RECORD (latest)

COMPANY NAME	POSITION	FROM	TO
TELEPERFORMANCE	TSR	2013	2014
SYKES PHIL.	C.S.R	2014	2016
KKM PHIL.	T.S.R.	2016	2018

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.

ISSUED AT

/ /

ISSUED ON (mm/dd/yyyy)

RIGHT THUMBMARK

IN CASE OF EMERGENCY:
Please Contact: GENION, DELIA B.
Contact Number: 09204745614

SIGNATURE (Sign in the box)

