



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	FLORES	3. NAME EXTENSION (e.g. Jr., Sr.)	
FIRST NAME	MARK ERICKSON	17. RESIDENTIAL ADDRESS	APT #1 867-J BAYABAS ST, BASAK SAN NICOLAS, CEBU CITY 6000
MIDDLE NAME	ESPINA	ZIP CODE	6000
4. DATE OF BIRTH (mm/dd/yyyy)	01 / 22 / 1990	18. TELEPHONE NO.	517-8422
5. PLACE OF BIRTH	QUEZON CITY, MANILA	19. PERMANENT ADDRESS	APT #1 867-J BAYABAS ST, BASAK SAN NICOLAS, CEBU CITY
6. SEX	<input checked="" type="checkbox"/> Male <input type="checkbox"/> Female	ZIP CODE	6000
7. CIVIL STATUS	<input type="checkbox"/> Single <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Annulled <input type="checkbox"/> Others, specify _____	20. TELEPHONE NO.	517-8422
8. CITIZENSHIP	FILIPINO	21. E-MAIL ADDRESS (if any)	SHIOBE2002@ YAHOO.COM
9. HEIGHT (m)	1.829	22. CELLPHONE NO. (if any)	09084608313
10. WEIGHT (kg)	75	23. EMPLOYEE ID NO.	
11. BLOOD TYPE			
12. GSIS ID NO.			
13. PAG-IBIG ID NO.	1640-0081-0411		
14. PHILHEALTH NO.	12-050772865-6		
15. SSS NO.	06-2808550-4		
16. TIN	261-265-186-000		

II. FAMILY BACKGROUND

24. SPOUSE'S SURNAME	FLORES	DATE OF BIRTH (mm/dd/yyyy)	
FIRST NAME	ELJIE		
MIDDLE NAME	CABIL		08 / 22 / 1996
OCCUPATION	QUALITY ASSURANCE		/ /
EMPLOYER/BUS. NAME	TELEPERFORMANCE PHILIPPINES		/ /
BUSINESS ADDRESS	IT PARK, CEBU CITY 6000		/ /
TELEPHONE NO.			/ /
(Continue on separate sheet if necessary)			
26. FATHER'S SURNAME	N/A		/ /
FIRST NAME			/ /
MIDDLE NAME			/ /
27. MOTHER'S MAIDEN NAME			/ /
SURNAME	FLORES		05 / 25 / 1970
FIRST NAME	MELANIE		/ /
MIDDLE NAME	ESPINA		/ /
25. NAME OF CHILD			
(Write full name and list all)			
			/ /
SEPHIROTH SUMMERS C. FLORES			11 / 13 / 2018
			/ /
			/ /
			/ /

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 type="checkbox"/> NO If YES, give details		
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) 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 <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.	
ARWEL SANTILLAN	LABANGON, CEBU CITY	0923 242 2154	
JENNEN SATORRE	BONIFACIO ST, CEBU CITY	0945 550 3213	
MARK JOEL SAURO	DAMULAN, LEYTE	0956 130 5283	
43. EMPLOYMENT RECORD (latest)			
COMPANY NAME	POSITION	FROM	TO
DIAZ MURILLO DALUPAN	DATA ENCODER	AUGUST 2018	MARCH 2019
TELEPERFORMANCE	CSR	SEPT 2013	MAY 2017
EPERF-RMAX	CSR	JULY 2012	DEC 2012
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	
COMMUNITY TAX CERTIFICATE NO.	RIGHT THUMBMARK		
ISSUED AT			
/ /			
ISSUED ON (mm/dd/yyyy)			

IN CASE OF EMFRGNCY:
Please Contact: ELJIE C. FLORES

Flores 3/12/2019
SIGNATURE (Sign in the box)