



# 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                    | A L I C O  |                                   |   |
| FIRST NAME                    | J O H N P A U L  |                                   |   |
| MIDDLE NAME                   | LLAGA  | 3. NAME EXTENSION (e.g. Jr., Sr.) |   |
| 4. DATE OF BIRTH (mm/dd/yyyy) | 06 / 12 / 1993   | 17. RESIDENTIAL ADDRESS           | B2, LT33<br>VILLA FELIZA DOS<br>TUNGKIL, MINGLANILLA    |
| 5. PLACE OF BIRTH             | CEBU CITY  | ZIP CODE                          | 6046  |
| 6. SEX                        | <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female   | 18. TELEPHONE NO.                 |   |
| 7. CIVIL STATUS               | D Single <input type="checkbox"/> DWidowed<br><input checked="" type="checkbox"/> Married <input type="checkbox"/> DSeparated<br>DAnnulled <input type="checkbox"/> DOthers, specify _____ | 19. PERMANENT ADDRESS             | B2, LT33<br>VILLA FELIZA DOS<br>TUNGKIL,<br>MINGLANILLA |
| 8. CITIZENSHIP                | FILIPINO   | ZIP CODE                          | 6046  |
| 9. HEIGHT (m)                 |  | 20. TELEPHONE NO.                 |   |
| 10. WEIGHT (kg)               | 68 kg.   | 21. E-MAIL ADDRESS (if any)       | jp.lyncresj@gmail.com                                   |
| 11. BLOOD TYPE                | B  | 22. CELLPHONE NO. (if any)        | 0905-541-8002   |
| 12. GSIS ID NO.               |  | 23. EMPLOYEE ID NO.               |   |
| 13. PAG-IBIG ID NO.           | 1211-2306-9345   |                                   |   |
| 14. PHILHEALTH NO.            | 12-051356761-3   |                                   |   |
| 15. SSS NO.                   | 06-3573916-D   |                                   |   |
| 16. TIN                       | 466-332-123  |                                   |   |

## II. FAMILY BACKGROUND

|   |                                     |                            |                |
|---|-------------------------------------|----------------------------|----------------|
| 24. SPOUSE'S SURNAME                      | ALICO, <del>JERCHYL SHANNE E.</del> | DATE OF BIRTH (mm/dd/yyyy) |                |
| FIRST NAME                                | JERCHYL SHANNE                      |                            |                |
| MIDDLE NAME                               | ESCATRON                            |                            | 07 / 19 / 1993 |
| OCCUPATION                                | HOME MAIE / HOUSE WIFE              |                            | / /            |
| EMPLOYER/BUS. NAME                        | -                                   |                            | / /            |
| BUSINESS ADDRESS                          | -                                   |                            | / /            |
| TELEPHONE NO.                             | -                                   |                            | / /            |
| (Continue on separate sheet if necessary) |                                     |                            |                |
| 26. FATHER'S SURNAME                      | ALICO                               |                            | / /            |
| FIRST NAME                                | AMADO                               |                            | / /            |
| MIDDLE NAME                               | ARMATED                             |                            | / /            |
| 27. MOTHER'S MAIDEN NAME                  |                                     |                            | / /            |
| SURNAME                                   | LLAGA                               |                            | 11 / 05 / 1959 |
| FIRST NAME                                | FLORDELIZA                          |                            | / /            |
| MIDDLE NAME                               | SALINAS                             |                            | / /            |
| 25. NAME OF CHILD                         |                                     |                            | / /            |
| (Write full name and list all)            |                                     |                            | / /            |
| PRIAH BRIENNE E. ALICO                    |                                     |                            | 04 / 29 / 2016 |
|   |                                     |                            | / /            |
|   |                                     |                            | / /            |
|   |                                     |                            | / /            |
|   |                                     |                            | / /            |



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  
resignation

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. |
|--------------------|---------|---------|
| JASE PACIANO ABRAM |         |         |
|                    |         |         |
|                    |         |         |

43. EMPLOYMENT RECORD (latest)

| COMPANY NAME    | POSITION      | FROM | TO   |
|-----------------|---------------|------|------|
| SMD C           | ADMIN ACCT.   | 2015 | 2016 |
| TELETECH        | CSR           | 2016 | 2016 |
| LANDERS         | TREASURY ADJ. | 2017 | 2017 |
| TELEPERFORMANCE | 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.

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: JERCHYL SHARNE ALCO

Contact Number: 0905-541-8002

Relation: WIFE



SIGNATURE (Sign in the box)

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DATE ACCOMPLISHED