



# 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	TIGTIG: _____		
FIRST NAME	MARRITO JOY _____		
MIDDLE NAME	FIEL	3. NAME EXTENSION (e.g. Jr., Sr.)	
4. DATE OF BIRTH (mm/dd/yyyy)	/ /	17. RESIDENTIAL ADDRESS	Upper Sta. Ana Lobangon Cebu City
5. PLACE OF BIRTH	Toledo City		
6. SEX	<input type="checkbox"/> Male <input checked="" type="checkbox"/> Female	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 _____
8. CITIZENSHIP	Filipino	18. TELEPHONE NO.	
9. HEIGHT (m)	5'0	19. PERMANENT ADDRESS	Upper Sta. Ana Lobangon Cebu City
10. WEIGHT (kg)	53		
11. BLOOD TYPE	O+	20. TELEPHONE NO.	
12. GSIS ID NO.		21. E-MAIL ADDRESS (if any)	
13. PAG-IBIG ID NO.		22. CELLPHONE NO. (if any)	
14. PHILHEALTH NO.		23. EMPLOYEE ID NO.	
15. SSS NO.			
16. TIN			

## 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	Tigtig	04 / 23 / 1979
FIRST NAME	Jorge	/ /
MIDDLE NAME	Opeña	/ /
27. MOTHER'S MAIDEN NAME		/ /
SURNAME	Fiel	01 / 19 / 1980
FIRST NAME	Jema	/ /
MIDDLE NAME	Linnian	/ /
25. NAME OF CHILD		/ /
(Write full name and list all)		/ /
		/ /
		/ /
		/ /
		/ /

37 a. Have you ever been formally charged?	DYES <input type="checkbox"/> NO <input checked="" type="checkbox"/> If YES, give details
b. Have you ever been guilty of any administrative offense?	DYES <input type="checkbox"/> NO <input checked="" type="checkbox"/> 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 <input checked="" type="checkbox"/> If YES, give details
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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 <input checked="" type="checkbox"/> If YES, give details
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40. Have you ever been a candidate in a national or local election (except Barangay election)?	DYES <input type="checkbox"/> NO <input checked="" type="checkbox"/> If YES, give details
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41. Pursuant to: (a) Indigenous People's Act (RA 8373); (b) Magna Carta for Disabled Persons (RA 7277); and Solo Parents Welfare Act 2008 (RA 8972), please answer the following items:	
a. Are you a member of any Indigenous group?	DYES <input type="checkbox"/> NO <input checked="" type="checkbox"/> If YES, give please specify: _____
b. Are differently abled?	DYES <input type="checkbox"/> NO <input checked="" type="checkbox"/> If YES, give please specify: _____
c. Are you a solo parent?	DYES <input type="checkbox"/> NO <input checked="" type="checkbox"/> 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

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.					
<table border="1"> <tr><td>COMMUNITY TAX CERTIFICATE NO.</td></tr> <tr><td>ISSUED AT</td></tr> <tr><td>/ /</td></tr> <tr><td>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)					
Computer generated or xerox copy of picture is not acceptable					

IN CASE OF EMERGENCY: Please Contact: <u>0932577616 Jema Fiel Tiglig</u> Contact Number: <u>0932577616</u>	SIGNATURE (Sign in the box)
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