



# 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 P A L		
FIRST NAME	J O S H U A J A E		
MIDDLE NAME	D A C E R		3. NAME EXTENSION (e.g. Jr., Sr.)
4. DATE OF BIRTH (mm/dd/yyyy)	06 / 30 / 1989		17. RESIDENTIAL ADDRESS
5. PLACE OF BIRTH	TUBOD ILIGAN CITY		1st EAST ALVINO ST. TUBOD ILIGAN CITY
6. SEX	<input checked="" type="checkbox"/> Male <input type="checkbox"/> Female		7. CIVIL STATUS
7. CIVIL STATUS	<input checked="" type="checkbox"/> Single <input type="checkbox"/> Widowed		ZIP CODE
	D Married <input type="checkbox"/> D Separated <input type="checkbox"/>		18. TELEPHONE NO.
	D Annulled <input type="checkbox"/> D Others, specify _____		19. PERMANENT ADDRESS
8. CITIZENSHIP	FILIPINO		1st EAST ALVINO ST. TUBOD ILIGAN CITY
9. HEIGHT (m)	5'4"		ZIP CODE
10. WEIGHT (kg)	83		9200
11. BLOOD TYPE	A+		20. TELEPHONE NO.
12. GSIS ID NO.	<del>08-1983382-4</del>		21. E-MAIL ADDRESS (if any)
13. PAG-IBIG ID NO.			panzerhomed911a@gmail.com
14. PHILHEALTH NO.	120512230356		22. CELLPHONE NO. (if any)
15. SSS NO.	08-1983382-4		0945 718 0583
16. TIN	009-110-008-0003		23. EMPLOYEE ID NO.

## 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	APAL	/ /
FIRST NAME	<del>ANONUEVO</del> LOMAR	/ /
MIDDLE NAME	ANONUEVO	/ /
27. MOTHER'S MAIDEN NAME		/ /
SURNAME	DACER	/ /
FIRST NAME	MARIFE	/ /
MIDDLE NAME	UDAL	/ /
25. NAME OF CHILD		/ /
(Write full name and list all)		/ /
		/ /
		/ /
		/ /
		/ /
		/ /



37 a. Have you ever been formally charged? DYES  NO  
If YES, give details

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b. Have you ever been guilty of any administrative offense? DYES  NO  
If YES, give details

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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

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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  NO  
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  NO  
If YES, give details

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41. Pursuant to: (a) Indigenous 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
VALUE LABS	CSR	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)

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

RIGHT THUMBMARK

Computer generated or xerox copy of picture is not acceptable

IN CASE OF EMERGENCY:

Please Contact: MARIFE D. APAC

Contact Number: 0926 9926 584

Relation: MOTHER

SIGNATURE (sign in the box)

DATE ACCOMPLISHED