



EMPLOYEE PERSONAL DATA SHEET

Print legibly. Mark appropriate boxes with and use separate sheet if necessary.

I. PERSONAL INFORMATION

2. SURNAME	SUMANTING, J		
FIRST NAME	JAKE JOSEPH		
MIDDLE NAME	MISA	3. NAME EXTENSION (e.g. Jr., Sr.)	
4. DATE OF BIRTH (mm/dd/yyyy)	05 / 01 / 1993	16. RESIDENTIAL ADDRESS	
5. PLACE OF BIRTH	CEBU CITY	025-B SAN MIGUEL STREET, LOREGA SAN MIGUEL, CEBU CITY	
6. SEX	<input checked="" type="checkbox"/> Male <input type="checkbox"/> Female	17. TELEPHONE NO.	6000
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 _____	18. PERMANENT ADDRESS	025-B SAN MIGUEL STREET, LOREGA SAN MIGUEL, CEBU CITY
8. CITIZENSHIP	FILIPINO	19. TELEPHONE NO.	6000
9. HEIGHT (m)	5'4	20. E-MAIL ADDRESS (if any)	kejanrajophelia99@yahoo.com
10. WEIGHT (kg)	150	21. CELLPHONE NO. (if any)	0922-558-8225
11. BLOOD TYPE	O	22. AGENCY EMPLOYEE NO.	
12. GSIS ID NO.	NA	23. TIN	314-696-180
13. PAG-IBIG ID NO.	1210-9163-1699		
14. PHILHEALTH NO.	12-0512325519		
15. SSS NO.	06-3191895-6		

II. FAMILY BACKGROUND

24. SPOUSE'S SURNAME	25. NAME OF CHILD (Write full name and list all)	DATE OF BIRTH (mm/dd/yyyy)
FIRST NAME	NA	/ /
MIDDLE NAME		/ /
OCCUPATION		/ /
EMPLOYER/BUS. NAME		/ /
BUSINESS ADDRESS		/ /
TELEPHONE NO.		/ /
(Continue on separate sheet if necessary)		
26. FATHER'S SURNAME	SUMANTING	/ /
FIRST NAME	JULIUS	/ /
MIDDLE NAME	GULANE	/ /
27. MOTHER'S MAIDEN NAME		/ /
SURNAME	MISA	/ /
FIRST NAME	MARIVIC	/ /
MIDDLE NAME	MACACHOR	
(Continue on separate sheet if necessary)		

37 a. Have you ever been formally charged?
 b. Have you ever been guilty of any administrative offense?

DYES NO
 If YES, give details:

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 of the 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?

YES NO
 If YES, give details:
 RESIGNATION FROM PREVIOUS
 BPO COMPANIES

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) Indigenous People's Act (RA 8371); (b) Magna Carta for Disabled Persons (RA 7277); and (c) Solo Parents Welfare Act of 2000 (RA 8972), please answer the following items:

a. Are you a member of any indigenous group?
 b. Are you differently abled?
 c. Are you a solo parent?

DYES NO
 If YES, please specify:
 YES NO
 If YES, please specify: LEFT EAR IS SMALL
 DYES NO
 If YES, please specify:

42. REFERENCES (Person not related by consanguinity or affinity to applicant / appointee)

NAME	ADDRESS	TEL. NO.
ARNULFO MANDEL SALAZAR	XEROX BUSINESS SHARED	0917 9921429
ED CHRISTOPHER CHUA	SACRED HEART PARISH	0922 857 2995
HON. FRITZGERALD D. HERRERA	LOREGA SAN MIGUEL	

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

43. 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.

COMMUNITY TAX CERTIFICATE NO.

ISSUED AT

ISSUED ON (mm/dd/yyyy)

Arnulfo Salazar
 SIGNATURE (Sign inside the box)

DATE ACCOMPLISHED 02/16/17

RIGHT THUMBMARK