

EMPLOYEE PERSONAL DATA SHEET

Print legibly. Mark appropriate b	opriate boxes O with "/" and use separate sheet if necessary. Schedule:		
I. PERSONAL INFORMATION Team Lead:			
2. SURNAME	ROSAL		
FIRST NAME	ALYSSA		0 0 0 0 0
MIDDLE NAME	ARENAS	3. NAME EXTENSION (e.g. Jr., S	r.)
4. DATE OF BIRTH (mm/dd/yy	yy) 12 / 08 / 1997	17. RESIDENTIAL ADDRESS	
5. PLACE OF BIRTH	Compostela City		Bagakay, Sandayung Sur, Danao city
6. SEX	O Male ∮ Female	ren communicación de la co	Tan, Sando ang
7. CIVIL STATUS	Single O Widowed	ZIP CODE	G00P
- Artist Designation of the	OMarried OSeparated	18. TELEPHONE NO.	
21. E-MAIL ADDRESS (if any)	O Annulled OOthers, specify	19. PERMANENT ADDRESS	Bagakay, Sandaying
	rosalalyssa 1997 @ 9mail.com		Bagakay, Sandayng Sur, Danab City
22. CELLPHONE NO. (if any)	००५३५०.०००		
23. EMPLOYEE ID NO.		ZIP CODE	(4 000
II. FAMILY BACKGROUI	ND		
24. SPOUSE'S SURNAME			DATE OF BIRTH
FIRST NAME			(mm/dd/yyyy)
MIDDLE NAME			1 = 1
OCCUPATION			/ /
EMPLOYER/BUS. NAME			/ /
BUSINESS ADDRESS			/ /
TELEPHONE NO.			1 /
A METEROPEUM	(Continue on separate sheet if necessary)		- / - /
26. FATHER'S SURNAME	ROSAL		64/06/1974
FIRST NAME	ALEX		/ /
MIDDLE NAME	MORALES		/ /
27. MOTHER'S MAIDEN NAME		Everage 1.	/ /
SURNAME	ARENAS		02 / 22 / 1972
FIRST NAME	EVANGELINE		/ /
MIDDLE NAME	MATU GAS		/ /
a Jest wii nothin norke war	25. NAME OF CHILD	n de part to de la constanção de la	/ /
The state of the s	(Write full name and list all)		/ /
			/ /
		-	
			/ /
			/ /
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)
IN CASE OF EMERGENCY:	i crust triat this information shall remain con	nucitial.	
Please Contact:A\€.⊁	Rosal		1) Sel
Contact Number: 0920	9 307 1072	SIGNATURE	(Sign in the box)
Relation: Father		DATE AC	CCOMPLISHED 5-10-19

37 a. Have you ever been formally o	If YES, give	ØNO details			
SHEET		E PER		uetans	
b. Have you ever been guilty of any administrative offense?				Dyes ØNO If YES, give details	
30 U		4-4	Dyes	7	
38. Have you ever been convicted of any crime or violation of any law, decree, ordinance or regulation by any court or tribunal?				Ø no details	
Constant Constant	CATAMAGREE TI FPPI	180 / 28/			
39. Have you ever been separated from the	service in any following modes	: resignation,	DYES	DNO	
retirement, dropped from the rolls, dismiss contract, AWOL or phased out, in the public	If YES, give details				
40. Have you ever been a candidate in a	national or local election (e.	xcept	Dyes	Ю́NO	
Barangay election)?	ELATE Y ANNIH. EL	yhoony (If YES, give	details	
41. Pursuant to: (a) Indigenouse People's Act (RA 83 and Solo Parents Welfare Act 2000 (RA 8972), pleas		rsons (RA 7277);			
a. Are you a member of any indigenous group? b. Are differently abled?			DYES ØNO If YES, give please specify: DYES ØNO If YES, give please specify:		
c. Are you a solo parent?				Dyes ØNO If YES, give please specify:	
42. REFERENCES (Person not related by consan	guinity or affinity to applicant/appoin	ntee)	ii 1E3, give	piease specify	
NAME	ADDF			TEL NO.	
Doc. Ava-Lou Perez	cebu city			09 33 3387637	
Julie Olandria	Celon	city		09255073788	
ma. Eden Hautia	Cebu	C'ty		4 22-717	
43. EMPLOYMENT RECORD (latest)			× 3/4		
COMPANY NAME	POSITION	FRO	OM	то	
GDS security Agency, Inc.	Acotounting Staff	40v. 8	4,00	march 30, 7019	
44. I declare under oath that this Persona	i Data Sheet has been accompl	ished by me. a	nd is a true.		
correct and complete statement pursuant the Rep I also authorize the agency head/ authorize the contents stated herein. I trust that this	oublic of the Philippines. d representative to verify/ valid	date	regulations of	ID picture taken within the last 6 months 3.5 cm. X 4.5 cm (passpor size)	
COMMUNITY TAX CERTIFICATI	E NO.			Computer generated or xerox copy of picture is not acceptable	
1 1		BIGUT TULL	ARMARY		
ISSUED ON (mm/dd/yyyy		RIGHT THUN	ANAIVIGIN	,	
IN CASE OF EMERGENCY:				M.D.	
Please Contact: Alex Rosal Contact Number: 091930	7 1072		SIGNATUR	(Sign in the box)	
Relation: Father	;		DATE A	CCOMPLISHED 5-19	