



EMPLOYEE PERSONAL DATA SHEET

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

Schedule: _____

Team Lead: _____

I. PERSONAL INFORMATION

| | | |
|-----------------------------------|--|--|
| 2. SURNAME | D O T E | |
| FIRST NAME | C H R I S T I N A | |
| MIDDLE NAME | N/A | |
| 3. NAME EXTENSION (e.g. Jr., Sr.) | | |
| 4. DATE OF BIRTH (mm/dd/yyyy) | 06 / 22 / 1997 | 17. RESIDENTIAL ADDRESS |
| 5. PLACE OF BIRTH | RIZAL MEDICAL CENTER PACIG | SAWAOR EXTENSION SHANGRILLA SUBD, LAPANGON, CEBU |
| 6. SEX | <input type="radio"/> Male <input checked="" type="radio"/> Female | ZIP CODE |
| 7. CIVIL STATUS | <input checked="" type="radio"/> Single <input type="radio"/> Widowed <input type="radio"/> Married <input type="radio"/> Separated <input type="radio"/> Annulled <input type="radio"/> Others, specify _____ | 18. TELEPHONE NO. |
| 8. E-MAIL ADDRESS (if any) | chriscristina@smail.com | 19. PERMANENT ADDRESS |
| 9. CELLPHONE NO. (if any) | 09426061043 | L. AGUILAR ST., KATUNGAN, SUBA BANTARAN, CEBU |
| 10. EMPLOYEE ID NO. | | ZIP CODE |
| | | 6052 |

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) | | / / |
| 25. FATHER'S SURNAME | N/A | / / |
| FIRST NAME | N/A | / / |
| MIDDLE NAME | N/A | / / |
| 26. MOTHER'S MAIDEN NAME | | / / |
| SURNAME | DOTE | 11 / 24 / 1964 |
| FIRST NAME | CRISTINA | / / |
| MIDDLE NAME | SARIB | / / |
| 27. NAME OF CHILD (Write full name and list all) | | / / |
| | | / / |
| | | / / |
| | | / / |
| | | / / |

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