



# EMPLOYEE PERSONAL DATA SHEET

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

Schedule:

Team Lead:

## I. PERSONAL INFORMATION

2. SURNAME	P O G A D O		3. NAME EXTENSION (e.g. Jr., Sr.)	
FIRST NAME	R E Y M O N D			
MIDDLE NAME	CAJOCSON			
4. DATE OF BIRTH (mm/dd/yyyy)	Jan. / 08 / 1991	17. RESIDENTIAL ADDRESS	CABANCALAN, MANDAUE CITY, CEBU	
5. PLACE OF BIRTH	Borbon, CEBU	ZIP CODE		
6. SEX	<input checked="" type="checkbox"/> Male <input type="checkbox"/> Female	18. TELEPHONE NO.		
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 _____	19. PERMANENT ADDRESS	Sta. ANA BARELI, CEBU	
8. CITIZENSHIP	Filipino	ZIP CODE	6036	
9. HEIGHT (m)		20. TELEPHONE NO.		
10. WEIGHT (kg)	50kg	21. E-MAIL ADDRESS (if any)	reymond.pogado@gmail.com	
11. BLOOD TYPE		22. CELLPHONE NO. (if any)	09991083934	
12. Q&S ID NO.		23. EMPLOYEE ID NO.		
13. PAG-IBIG ID NO.				
14. PHILHEALTH NO.	12-051453951-6			
15. SSS NO.	06-3742510-0			
16. TIN	323-632-878-000			

## 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	POGADO	/ /	
FIRST NAME	GABRIEL	/ /	
MIDDLE NAME	MANGUBAT	/ /	
27. MOTHER'S MAIDEN NAME		/ /	
SURNAME	POGADO	/ /	
FIRST NAME	ROGRACIANA	/ /	
MIDDLE NAME	CAJOCSON	/ /	
25. NAME OF CHILD		/ /	
(Write full name and list all)		/ /	
		/ /	
		/ /	
		/ /	
		/ /	

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

b. Have you ever been guilty of any administrative offense? 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 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 \_\_\_\_\_

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 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.
Georgia Mac P. Saavedra	Cebu City, Cebu	0999 63 9316

43. EMPLOYMENT RECORD (latest)


COMPANY NAME	POSITION	FROM	TO
Live2sell group of Companies	Telesales Executive	Sept. 28, 2014	Dec. 20, 2019
TaskEveryday	VA	Jan. 15, 2018	Nov. 12, 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.

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

RIGHT THUMBMARK



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

IN CASE OF EMERGENCY:  
 Please Contact: Jedo C. Rogado  
 Contact Number: 0905 899 5566

  
 ROGADO, RYMOND C.  
 SIGNATURE (Sign in the box)