



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	P O I N G A N		
FIRST NAME	I S M A E L		
MIDDLE NAME	C U B E R O	3. NAME EXTENSION (e.g. Jr., Sr.)	
4. DATE OF BIRTH (mm/dd/yyyy)	10 / 15 / 1993	17. RESIDENTIAL ADDRESS	
5. PLACE OF BIRTH	Balindang Lanao, Del Sur	Upper Kabanayan, Bulacao, Talisay City Cebu	
6. SEX	<input checked="" type="checkbox"/> Male <input type="checkbox"/> Female	ZIP CODE	
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. TELEPHONE NO.	
8. CITIZENSHIP	Filipino	19. PERMANENT ADDRESS	
9. HEIGHT (m)	5'4	Lapuyanhan, Labagon Mandawe City Cebu	
10. WEIGHT (kg)	53kgs	ZIP CODE	
11. BLOOD TYPE	A+	6014	
12. GSIS ID NO.		20. TELEPHONE NO.	
13. PAG-IBIG ID NO.	440 1210-2125-2539	21. E-MAIL ADDRESS (if any)	
14. PHILHEALTH NO.	12-051073726-7	mileschuy7@gmail.com	
15. SSS NO.	06-3217081-6	22. CELLPHONE NO. (if any)	
16. TIN	311-533-933-000	09667418259	
		23. EMPLOYEE ID NO.	

II. FAMILY BACKGROUND

24. SPOUSE'S SURNAME		DATE OF BIRTH (mm/dd/yyyy)
FIRST NAME		/ /
MIDDLE NAME		/ /
OCCUPATION		/ /
BUSINESS ADDRESS		/ /
TELEPHONE NO.		/ /
(Continue on separate sheet if necessary)		
26. FATHER'S SURNAME	POINGAN	05 / 05 / 1962
FIRST NAME	NACER	/ /
MIDDLE NAME	COMILAO	/ /
27. MOTHER'S MAIDEN NAME		/ /
SURNAME	CUBERO	11 / 09 / 1964
FIRST NAME	LEONIDA	/ /
MIDDLE NAME	LAGUNA	/ /
28. NAME OF CHILD (Write full name and list all)		
Zohan Poingan		01 / 25 / 2014
		/ /
		/ /
		/ /

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
Resigned to look for better opportunity

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 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.
Sara Mae Ruiz	Opon Mercado Lapu-Lapu City Cebu	09299785857

43. EMPLOYMENT RECORD (latest)


COMPANY NAME	POSITION	FROM	TO
Jollibee	Service Crew	June 2015	March 2019
May Abohan	Service Crew		

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: Thomas Fe Cuison
 Contact Number: 0929973620


 SIGNATURE (Sign in the box)