



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	A B A P O		
FIRST NAME	E D S T R U C T		
MIDDLE NAME	DAYDAY		3. NAME EXTENSION (e.g. Jr., Sr.)
4. DATE OF BIRTH (mm/dd/yyyy)	09 / 13 / 1994		17. RESIDENTIAL ADDRESS
5. PLACE OF BIRTH	CEBU CITY		PHASE I-B ODEVILAS SUBD. TISA, CEBU CITY
6. SEX	♂ Male D Female		ZIP CODE
7. CIVIL STATUS	♂ Single DWidowed DMarried DSeparated DAnnulled DOthers, specify _____		18. TELEPHONE NO.
8. CITIZENSHIP	FILIPINO		19. PERMANENT ADDRESS
9. HEIGHT (m)	160 cm / 1.6m		PHASE I-B ODEVILAS SUBD. TISA, CEBU CITY
10. WEIGHT (kg)	60 kg		ZIP CODE
11. BLOOD TYPE			20. TELEPHONE NO.
12. GSIS ID NO.			09955228001
13. PAG-IBIG ID NO.	1211 8736 2705		21. E-MAIL ADDRESS (if any)
14. PHILHEALTH NO.	12-025582237-9		ed2.abapo31@ gmail.com
15. SSS NO.	06-3897146-2		22. CELLPHONE NO. (if any)
16. TIN	B32-662-226		09955228001
			23. EMPLOYEE ID NO.

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	ABAPO	12 / 21 /
FIRST NAME	EDGARDO	/ /
MIDDLE NAME	DUARTE	/ /
27. MOTHER'S MAIDEN NAME		/ /
SURNAME	DAYDAY	03 / 19 /
FIRST NAME	JOSEFINA	/ /
MIDDLE NAME	QUIROQUIRO	/ /
28. NAME OF SIBLING		
(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 8371); (b) Magna Carta for Disabled Persons (RA 7277); and Solo Parents Welfare Act 2000 (RA 8572), 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.
JINABEL BARAN	LABANGON, CEBU CITY	09277447406
MOFEN SACDA	LABANGON, CEBU CITY	09333024135
KAREN CABAHUG	LAPU-LAPU CITY	0926 0018287

43. EMPLOYMENT RECORD (latest)

COMPANY NAME	POSITION	FROM	TO
METROGRAFIX	ASSIST. COORDINATOR	OCT. 2017	DEC. 2018
METROGRAFIX	INSTALLER	NOV. 2015	SEP. 2017

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.

1D picture taken within the last 6 months 3.5 cm. X 4.5 cm (passport size)

COMMUNITY TAX CERTIFICATE NO.

ISSUED AT
 / /

Computer generated or xerox copy of picture is not acceptable