



# 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	A G R A B I O		
FIRST NAME	N E I L V I N C E N T		
MIDDLE NAME			
3. NAME EXTENSION (e.g. Jr., Sr.)			
4. DATE OF BIRTH (mm/dd/yyyy)	09 / 27 / 1997	17. RESIDENTIAL ADDRESS	78-I Sto. Niño 2 Cabanton Street Brgy. Urc Cebu City
5. PLACE OF BIRTH	Cebu City	ZIP CODE	6000
6. SEX	<input checked="" type="radio"/> Male <input type="radio"/> Female	18. TELEPHONE NO.	—
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 _____	19. PERMANENT ADDRESS	78-I Sto. Niño 2 Cabanton Street Brgy Urc Cebu City
8. CITIZENSHIP	Filipino	ZIP CODE	6000
9. HEIGHT (m)	166cm	20. TELEPHONE NO.	—
10. WEIGHT (kg)	102 kg	21. E-MAIL ADDRESS (if any)	neilagrabio89@gmail.com
11. BLOOD TYPE	O+	22. CELLPHONE NO. (if any)	09474909013
12. GSIS ID NO.	—	23. EMPLOYEE ID NO.	
13. PAG-IBIG ID NO.	121192633328		
14. PHILHEALTH NO.	120514244613		
15. SSS NO.	06-3668305-3		
16. TIN	709-121-370		

## 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		/ /
FIRST NAME		/ /
MIDDLE NAME		/ /
27. MOTHER'S MAIDEN NAME		/ /
SURNAME	AGRABIO	/ /
FIRST NAME	Elizabeth	12 / 19 / 1998
MIDDLE NAME	RODIS	/ /
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  
*Resignation*

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.
<del>ARCHE</del> ARCHE JUEZAN	909 - G Trus de Abril Cebu City	0932 772 7506
JER-CIE ESTE	Sitio Mananitas, Torca, Cebu City	09166602287
KIM TILOTED	68 M Vetero Street Guadalupe Cebu City	09167792790

43. EMPLOYMENT RECORD (latest)

COMPANY NAME	POSITION	FROM	TO
Techub Corp	Outbound Sales Agent	JUNE 2017	NOVEMBER 2018
Gravity BPO	Outbound Sales Agent	2018 - <del>DEC</del>	2019 - <del>March</del> <b>MARCH</b>

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)

Computer generated or xerox copy of picture is not acceptable

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

IN CASE OF EMERGENCY:  
 Please Contact: ELIZABETH E. AGRABIO  
 Contact Number: 0932 339 1657

  
 WELL THOMAS AGRABIO  
 SIGNATURE (Sign in the box)