



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	RUGAY		
FIRST NAME	FAUSTINO FAEZ		
MIDDLE NAME	APAO	3. NAME EXTENSION (e.g. Jr., Sr.)	
4. DATE OF BIRTH (mm/dd/yyyy)	04 / 13 / 1994	17. RESIDENTIAL ADDRESS	
5. PLACE OF BIRTH	ILIGAN CITY	Omega St., Pampas, Lahug, Cebu City	
6. SEX	D Male <input type="checkbox"/> Female <input type="checkbox"/>	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)	5'2"	Prk. 12, Canaway, Brgy. Tibanga, Iligan City	
10. WEIGHT (kg)	45 lbs	ZIP CODE	
11. BLOOD TYPE	B+	9000	
12. GSIS ID NO.		20. TELEPHONE NO.	
13. PAG-IBIG ID NO.	1211 2882 9801	21. E-MAIL ADDRESS (if any)	
14. PHILHEALTH NO.	12-051375417-0	ffaezr14@gmail.com	
15. SSS NO.	06-3528626-0	22. CELLPHONE NO. (if any)	
16. TIN	319 099 194 000	09494489706	
		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	RUGAY	05 / 18 / 1957
FIRST NAME	FAUSTINO Jr.	/ /
MIDDLE NAME	CALUSTRE	/ /
27. MOTHER'S MAIDEN NAME		/ /
SURNAME	(OFELTA) APAO	09 / 14 / 1964
FIRST NAME	OFELIA	/ /
MIDDLE NAME	IGLUPAS	/ /
25. NAME OF CHILD		/ /
(Write full name and list all)		/ /
		/ /
		/ /
		/ /
		/ /
		/ /

37 a. Have you ever been formally charged? DYES DNO
 If YES, give details _____

b. Have you ever been guilty of any administrative offense? DYES DNO
 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 DNO
 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 DNO
 If YES, give details
resignated from previous companies.

40. Have you ever been a candidate in a national or local election (except Barangay election)? DYES DNO
 If YES, give details _____

41. Pursuant to: (a) Indigenouse 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 DNO
 If YES, give please specify: _____

b. Are differently abled? DYES DNO
 If YES, give please specify: _____

c. Are you a solo parent? DYES DNO
 If YES, give please specify: _____

42. REFERENCES (Person not related by consanguinity or affinity to applicant/appointee)

NAME	ADDRESS	TEL NO.
Christian Topic	COGNIZANT cebu	0932-393-7244
Paul Vincent Espinas	SYKES Asia	0922-514-7818
Richelle Ann Aguilar	eperformax Cebu City	0906-674-8876

43. EMPLOYMENT RECORD (latest)

COMPANY NAME	POSITION	FROM	TO
COGNIZANT	Process Executive	08/2012 - 01/2019	01/2019
CONNECTSEND	Telemarketer	02 /2018	04 /2018
SYKES	insurance verifier	07 /2015	06 /2016
Eperformax	CSR	05 /2014	04 /2013

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. _____

ISSUED AT _____

ISSUED ON (mm/dd/yyyy) _____

RIGHT THUMBMARK

IN CASE OF EMERGENCY:
 Please Contact: LORRAINE B. APAD
 Contact Number: 0939 728 7207
 Relation: COUSIN


 SIGNATURE (Sign in the box)

DATE ACCOMPLISHED _____