



EMPLOYEE PERSONAL DATA SHEET

Post-implant: Mark appropriate boxes P with "✓" and use separate sheet if necessary.

888

I. PERSONAL INFORMATION		Health Record No.	
SURNAME	B E G I N A L D O		
FIRST NAME	J A S S I E M H A Y		
MIDDLE NAME	M A L A T B A T E		
4. DATE OF BIRTH (mm/dd/yyyy)		03 / 30 / 1993	
5. PLACE OF BIRTH		Pasay City, Manila	
6. SEX		<input checked="" type="checkbox"/> Male <input type="checkbox"/> Female	
7. CIVIL STATUS		<input checked="" type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Annulled <input type="checkbox"/> Others: specify _____	
8. CITIZENSHIP		Filipino	
9. HEIGHT (m)		1.67 - 64	
10. WEIGHT (kg)		65 kg	
11. BLOOD TYPE		B	
12. GSIS ID NO.			
13. PAG-IBIG ID NO.		121-510-2092	
14. PHILHEALTH NO.		01-051474425-9	
15. SSN NO.		09-2545130-4	
16. TIN		323094722-0000	
17. RESIDENTIAL ADDRESS		Nivel Hills, Bagong Cebu City	
18. ZIP CODE		6000	
19. TELEPHONE NO.			
20. PERMANENT ADDRESS		4004 Unit 3 Cambo, Cagayan de Oro City	
21. ZIP CODE		9000	
22. TELEPHONE NO.			
23. E-MAIL ADDRESS (if any)		jassiemhay@gmail.com	
24. CELLPHONE NO. (if any)		09567862012	
25. EMPLOYEE ID NO.			

2. 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	Reginaldo	03/03/1949
FIRST NAME	George	/ /
MIDDLE NAME	Cagat	/ /

22. MOTHER'S MAIDEN NAME

SURNAME	Mallariwa	07 / 10 / 1971
FIRST NAME	Jasmin	/ /
MIDDLE NAME	Igoy	/ /

25. NAME OF CHILD

(Enter full name and M/F)

37 a. Have you ever been formally charged?	DYES <input checked="" type="checkbox"/> NO If YES, give details
b. Have you ever been guilty of any administrative offense?	DYES <input checked="" type="checkbox"/> NO If YES, give details
c. Have you ever been convicted of any crime or violation of any law, decree, ordinance or regulation by any court or tribunal?	DYES <input checked="" type="checkbox"/> NO If YES, give details
d. Have you ever been separated from the service in any following modes; resignation, retirement, dropped from the rolls, disengaged, termination, end of term, finished contract, AWOL or phased out, in the public or private sector?	DYES <input checked="" type="checkbox"/> NO If YES, give details Resignation, finished contract
40. Have you ever been a candidate in a national or local election (except Emergency Election)?	DYES <input checked="" type="checkbox"/> NO If YES, give details
41. Pursuant to: (a) Indigenous People's Act (RA 8370); (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 <input checked="" type="checkbox"/> NO If YES, give please specify: _____
b. Are differently abled?	DYES <input checked="" type="checkbox"/> NO If YES, give please specify: _____
c. Are you a solo parent?	DYES <input checked="" type="checkbox"/> NO If YES, give please specify: _____

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

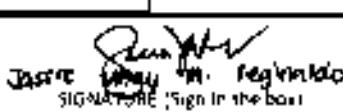
NAME	ADDRESS	TEL NO.
Reinaldo Oliva Tolentino	Cebu City	0993 9417 9143
Cheryl Ybarra	Wilson, Cebu City	0928 851 1314
Stuart Oliva	Mirri Hills, Cebu City	0993 947 1699

43. EMPLOYMENT RECORD (latest)

COMPANY NAME	POSITION	FROM	TO
After for many	CSR	Aug. 31, 2017	April 16, 2019
University S	TEA	Feb. 27, 2017	July 20, 2017
Sykes Asia	TEB (CSR)	Nov. 3, 2016	Jan. 30, 2017
Task US Inc.	Research and Data Analysis	July 31, 2016	Feb. 24, 2016

I declare under oath that this Personal Data Sheet had been accomplished by me, and is 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	RIGHT TO UMBRAK
/ /	ISSUED ON (mm/dd/yyyy)	Computer generated or xeroxed copy of picture is not acceptable
IN CASE OF EMERGENCY: Please Contact: <u>Reinaldo Ann Oliva</u> Contact Number: <u>(0935) 832 8756</u> Relation: <u>Rommate</u>		 SIGNATURE (Sign in the box)