

37 a. Have you ever been formally charged?	DYES <input type="checkbox"/> NO <input checked="" type="checkbox"/> If YES, give details <hr/>								
b. Have you ever been guilty of any administrative offense?	DYES <input type="checkbox"/> NO <input checked="" type="checkbox"/> If YES, give details <hr/>								
38. Have you ever been convicted of any crime or violation of any law, decree, ordinance or regulation by any court or tribunal?	DYES <input type="checkbox"/> NO <input checked="" type="checkbox"/> If YES, give details <hr/>								
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 <input type="checkbox"/> NO <input checked="" type="checkbox"/> If YES, give details RESIGNATION <hr/>								
40. Have you ever been a candidate in a national or local election (except Barangay election)?	DYES <input type="checkbox"/> NO <input checked="" type="checkbox"/> If YES, give details <hr/>								
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 <input type="checkbox"/> NO <input checked="" type="checkbox"/> If YES, give please specify: _____								
b. Are differently abled?	DYES <input type="checkbox"/> NO <input checked="" type="checkbox"/> If YES, give please specify: _____								
c. Are you a solo parent?	DYES <input type="checkbox"/> NO <input checked="" type="checkbox"/> If YES, give please specify: _____								
42. REFERENCES (Person not related by consanguinity or affinity to applicant/appointee)									
NAME	ADDRESS	TEL NO.							
CRIBEL XCOJEDO	IBABAD, AGUS	099976315171							
FEDALYN BAYIRA	BABAG 1, LAPU-LAPU CITY	09083539509							
LEXUEL PINO	COMROLACION CITY, CEBU	09215110695							
43. EMPLOYMENT RECORD (latest)									
COMPANY NAME	POSITION	FROM	TO						
CONCENTRIX CEBU	CRK	NOV. 2017 (JULY 2017)	JULY 2019						
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.			ID picture taken within the last 6 months 3.5 cm. X 4.5 cm (passport size)						
I also authorize the agency head/ authorized representative to verify/ validate the contents stated herein. I trust that this information shall remain confidential.			Computer generated or xerox copy of picture is not acceptable						
<table border="1" style="width:100%; border-collapse: collapse;"> <tr><td style="text-align:center; padding: 2px;">COMMUNITY TAX CERTIFICATE NO.</td></tr> <tr><td style="text-align:center; padding: 2px;">ISSUED AT</td></tr> <tr><td style="text-align:center; padding: 2px;">/ /</td></tr> <tr><td style="text-align:center; padding: 2px;">ISSUED ON (mm/dd/yyyy)</td></tr> </table>	COMMUNITY TAX CERTIFICATE NO.	ISSUED AT	/ /	ISSUED ON (mm/dd/yyyy)	RIGHT THUMBMARK	<table border="1" style="width:100%; border-collapse: collapse;"> <tr><td style="text-align:center; padding: 5px;"> </td></tr> <tr><td style="text-align:center; padding: 2px;">SIGNATURE (Sign in the box)</td></tr> <tr><td style="text-align:center; padding: 2px;">DATE ACCOMPLISHED</td></tr> </table>		SIGNATURE (Sign in the box)	DATE ACCOMPLISHED
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IN CASE OF EMERGENCY: Please Contact: <u>APRIEL MAE C. DAXO</u> Contact Number: <u>09490926759</u> Relation: <u>SISTER</u>									