



EMPLOYEE PERSONAL DATA SHEET

Print legibly. Mark appropriate boxes. 0 with "0" and use separate sheet if necessary.

Employee ID: _____

I. PERSONAL INFORMATION

Team Lead: _____

2. SURNAME	B J O U E		
FIRST NAME	M A R J O R Y		
MIDDLE NAME	REYES	3. NAME EXTENSION (e.g. Jr., Sr.)	
4. DATE OF BIRTH (mm/dd/yyyy)	12 / 03 / 1991	17. RESIDENTIAL ADDRESS	25-3892, SANGLI, TRENDOC, TRAFALGAR CITY CEBU
5. PLACE OF BIRTH	SANGLI, TRENDOC, TRAFALGAR CITY	ZIP CODE	6045
6. SEX	<input type="checkbox"/> Male <input checked="" type="checkbox"/> Female	18. TELEPHONE NO.	09503800009
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 _____	19. PERMANENT ADDRESS	same as above
8. CITIZENSHIP	FILIPINO	ZIP CODE	
9. HEIGHT (m)	5'4"	20. TELEPHONE NO.	
10. WEIGHT (kg)	78 kgs	21. E-MAIL ADDRESS (if any)	mergenreyes45@gmail.com
11. BLOOD TYPE	O	22. CELLPHONE NO. (if any)	09503800009
12. SSIS ID NO.		23. EMPLOYEE ID NO.	
13. PAG-IBIG ID NO.	913063135686		
14. PHILHEALTH NO.	22-000020512-4		
15. SSS NO.	06-3240364-B		
16. TIN	316-724-871-000		

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	BIQUE	/ /	
FIRST NAME	VIRGILIO	02 / 14 / 1956	
MIDDLE NAME	SALOCO	/ /	
27. MOTHER'S MARRIED NAME		/ /	
SURNAME	BIQUE	/ /	
FIRST NAME	MARGIE	11 / 07 / 1955	
MIDDLE NAME	REYES	/ /	
25. NAME OF CHILD		/ /	
[Write full name and list all]			
JEFFREY JAMES B. BUCABAL		06 / 20 / 2015	
		/ /	
		/ /	
		/ /	

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) Magsaysay Awards 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.

43. EMPLOYMENT RECORD (latest)

COMPANY NAME	POSITION	FROM	TO
FISSION BPO SERVICES PHILS	CSR	MAY 12 2016	AUG - 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.

I also authorize the agency head/ authorized representative to verify/ validate the contents stated herein. I trust that this information shall remain confidential.

<table border="1"> <tr><td>COMMUNITY TAX CERTIFICATE NO.</td></tr> <tr><td>ISSUED AT</td></tr> <tr><td>ISSUED ON (mm/dd/yyyy)</td></tr> </table>	COMMUNITY TAX CERTIFICATE NO.	ISSUED AT	ISSUED ON (mm/dd/yyyy)	<div style="border: 1px solid black; width: 100px; height: 100px; margin: 0 auto;"></div> <p style="text-align: center;">RIGHT THUMBMARK</p>
COMMUNITY TAX CERTIFICATE NO.				
ISSUED AT				
ISSUED ON (mm/dd/yyyy)				

ID picture taken within the last 6 months 3.5 cm. x 4.5 cm (passport size)

Computer generated or vermicopy of picture is not acceptable

IN CASE OF EMERGENCY:
 Please Contact: MARGIE BLIVE
 Contact Number: 0935 115 5979

 SIGNATURE (Sign in the box)