

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 resignation

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.
ACE VINCENT CANALES	477 RIZAL ST, POBLACION, TAUSA CITY	09984299780
GRAHAM JOHN JABONERO	BULACAO, CEBU	09295562693

43. EMPLOYMENT RECORD (latest)

COMPANY NAME	POSITION	FROM	TO
Aspired Inc.	Team Lead	JUNE 2015	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.

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: ANNABRUE A BELLO

SIGNATURE (Sign in the box)