



# EMPLOYEE PERSONAL DATA SHEET

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

## I. PERSONAL INFORMATION

2. SURNAME	C A S A Ñ A R E S		
FIRST NAME	R U B E N		
MIDDLE NAME	MALOLOY - ON	3. NAME EXTENSION (e.g. Jr., Sr.)	Jr.
4. DATE OF BIRTH (mm/dd/yyyy)	07 / 10 / 1992	16. RESIDENTIAL ADDRESS	030 B SAN MIGUEL ST. BRGY. LOREGA CEBU PHILIPPINES
5. PLACE OF BIRTH	MANILA	ZIP CODE	6000
6. SEX	<input checked="" type="checkbox"/> Male <input type="checkbox"/> Female	17. TELEPHONE NO.	418-1956
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. PERMANENT ADDRESS	030 B SAN MIGUEL ST. BRGY. LOREGA CEBU PHILIPPINES
8. CITIZENSHIP	FILIPINO	ZIP CODE	6000
9. HEIGHT (m)	5'8	19. TELEPHONE NO.	418-1956
10. WEIGHT (kg)	61 kg.	20. E-MAIL ADDRESS (if any)	casanares.ruben@gmail.com
11. BLOOD TYPE	B+	21. CELLPHONE NO. (if any)	09567143896
12. GSIS ID NO.	(12 102 72 50565)	22. AGENCY EMPLOYEE NO.	
13. PAG-IBIG ID NO.	12 102 7250565	23. TIN	326-191-422
14. PHILHEALTH NO.	02-025725852-2		
15. SSS NO.	34-3163140-1		

## II. FAMILY BACKGROUND

24. SPOUSE'S SURNAME	25. NAME OF CHILD (Write full name and list all)	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	CASANARES	/ /
FIRST NAME	RUBEN	/ /
MIDDLE NAME	CHUA	/ /
27. MOTHER'S MAIDEN NAME		/ /
SURNAME	MALOLOY - ON	/ /
FIRST NAME	REALINA	/ /
MIDDLE NAME	DUARTE	(Continue on separate sheet if necessary)

37 a. Have you ever been formally charged?  
 b. Have you ever been guilty of any administrative offense?

DYES  NO  
 If YES, give details: \_\_\_\_\_

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 of the 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?

YES  NO  
 If YES, give details:  
 RESIGNATION

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) Magna Carta for Disabled Persons (RA 7277); and (c) Solo Parents Welfare Act of 2000 (RA 8972), please answer the following items:

a. Are you a member of any indigenous group?  
 b. Are you differently abled?  
 c. Are you a solo parent?

DYES  NO  
 If YES, please specify: \_\_\_\_\_

DYES  NO  
 If YES, please specify: \_\_\_\_\_

YES  NO  
 If YES, please specify: NOT YET MARRIED

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

NAME	ADDRESS	TEL. NO.
ELEN BUENAVISTA	MANDAUE	
CINDY PATRICE	MANDAUE	
DESSAIRE PORTA	MANDAUE	

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

43. 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.

COMMUNITY TAX CERTIFICATE NO.

ISSUED AT

/ /

ISSUED ON (mm/dd/yyyy)



SIGNATURE (Sign inside the box)

DATE ACCOMPLISHED 03-27-17

RIGHT THUMBMARK