



EMPLOYEE PERSONAL DATA SHEET

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

Schedule: 10 AM - 7 PM

Team Lead: RICHIE JUAN CAS

I. PERSONAL INFORMATION

2. SURNAME	R O J A S		
FIRST NAME	N O R E E N		
MIDDLE NAME	J E N O	3. NAME EXTENSION (e.g., Jr., Sr.)	N/A
4. DATE OF BIRTH (mm/dd/yyyy)	01 / 15 / 1989	17. RESIDENTIAL ADDRESS	84 L64 DECA HEMER PHASE 2, DUMAGU DANANG CITY
5. PLACE OF BIRTH	Cebu City	ZIP CODE	6045
6. SEX	<input checked="" type="checkbox"/> Male <input type="checkbox"/> Female	18. TELEPHONE NO.	N/A
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	84 L64 DECA HEMER PHASE 2, DUMAGU DANANG CITY
21. E-MAIL ADDRESS (if any)	antoniojrojas14@yahoo.com	ZIP CODE	6046
22. CELLPHONE NO. (if any)	0938 027 2022		
23. EMPLOYEE ID NO.	00150		

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)		/ /
25. FATHER'S SURNAME	LOBANGA	06 / 01 / 1968
FIRST NAME	RANIL	/ /
MIDDLE NAME	AVES	/ /
27. MOTHER'S MAIDEN NAME		/ /
SURNAME	ROJAS	10 / 25 / 1964
FIRST NAME	ALMA	/ /
MIDDLE NAME	JENO	/ /
28. NAME OF CHILD (Write full name and list all)		/ /
		/ /
		/ /
		/ /
		/ /

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.

no 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.



EMPLOYEE PERSONAL DATA SHEET

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

I. PERSONAL INFORMATION

2. SURNAME	R. O. J. A. S.		
FIRST NAME	N. O. R. E. E. H.		
MIDDLE NAME	SENO	3. NAME EXTENSION (e.g. Jr., Sr.)	
4. DATE OF BIRTH (mm/dd/yyyy)	01 / 15 / 1989	16. RESIDENTIAL ADDRESS	Block 4 Lot 64 (Deen Homes) Boracay St. Deen Homes Phase 2, Dumaguete, Talibuga City
5. PLACE OF BIRTH	CEBU CITY	ZIP CODE	6045
6. SEX	<input checked="" type="checkbox"/> Male <input type="checkbox"/> Female	17. TELEPHONE NO.	
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	Block 4 Lot 64 Boracay St. Deen Homes Phase 2, Dumaguete, Talibuga City
8. CITIZENSHIP	FILIPINO	ZIP CODE	6045
9. HEIGHT (ft)		19. TELEPHONE NO.	
10. WEIGHT (kg)	75 kg	20. E-MAIL ADDRESS (if any)	noreenrojas_15@yahoo.com
11. BLOOD TYPE	O	21. CELLPHONE NO. (if any)	0933 027 2022
12. GSIS ID NO.		22. AGENCY EMPLOYEE NO.	
13. PAG-IBIG ID NO.	121095323213	23. TIN	000315097863
14. PhilHEALTH NO.	12-025304074-8		
15. SSS NO.	06-3419741-5		

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		/ /
FIRST NAME		/ /
MIDDLE NAME		/ /
27. MOTHER'S MAIDEN NAME		/ /
SURNAME	ROJAS	/ /
FIRST NAME	(NOREEN) ALMA	/ /
MIDDLE NAME	SENO	(Continue on separate sheet if necessary)

Have you ever been formally charged?	DYES <input type="checkbox"/> NO If YES, give details: _____
b. Have you ever been guilty of any administrative offense?	DYES <input type="checkbox"/> NO If YES, give details: _____
35. 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 If YES, give details: _____
38. 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?	DYES <input type="checkbox"/> NO If YES, give details: Coverages
40. Have you ever been a candidate in a national or local election (except Barangay election)?	DYES <input type="checkbox"/> 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 <input type="checkbox"/> NO If YES, please specify: _____ DYES <input type="checkbox"/> NO If YES, please specify: _____ DYES <input type="checkbox"/> NO If YES, please specify: _____

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

NAME	ADDRESS	TEL. NO.
JO ACRID BERADOR	TALIBAY CITY	0953960867
EUTCHY MARIE DAHINO	MANDAWE CITY	0926679728

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.	SIGNATURE (Sign inside the box)	RIGHT THUMBMARK
ISSUED AT		
ISSUED ON (mm/dd/yyyy)		
	DATE ACCOMPLISHED	