



EMPLOYEE PERSONAL DATA SHEET

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

Schedule: _____

I. PERSONAL INFORMATION

Team Lead: _____

2. SURNAME	ALBUJA		3. NAME EXTENSION (e.g. Jr., Sr.)	
FIRST NAME	JOHANNA MARIE		17. RESIDENTIAL ADDRESS	BL 13, LT 19, PHASE 1 DECA HOMES SUBD. DUMDUG TALKAY CITY, CEBU
MIDDLE NAME	VERGARA		ZIP CODE	6045
4. DATE OF BIRTH (mm/dd/yyyy)	06 / 18 / 1995		18. TELEPHONE NO.	n/a
5. PLACE OF BIRTH	CEBU CITY		19. PERMANENT ADDRESS	BL 13, LT 19, PHASE 1 DECA HOMES SUBD. DUMDUG TALKAY CITY, CEBU
6. SEX	D Male / <input checked="" type="checkbox"/> Female		ZIP CODE	6045
7. CIVIL STATUS	<input checked="" type="checkbox"/> Single D <input type="checkbox"/> Widowed D <input type="checkbox"/> Married D <input type="checkbox"/> Separated D <input type="checkbox"/> Annulled D <input type="checkbox"/> Others, specify _____		20. TELEPHONE NO.	n/a
8. CITIZENSHIP	FILIPINO		21. E-MAIL ADDRESS (if any)	jocandoo@gmail.com
9. HEIGHT (m)	5'0		22. CELLPHONE NO. (if any)	0939-5788733
10. WEIGHT (kg)	42 kg.		23. EMPLOYEE ID NO.	
11. BLOOD TYPE	B+			
12. GSIS ID NO.				
13. PAG-IBIG ID NO.	1210-1896-7946			
14. PHILHEALTH NO.	12-050849465-3			
15. SSS NO.	06-2634761-3			
16. TIN	246-640-421-000			

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	ALBIA	/ /
FIRST NAME	LEONIDES	/ /
MIDDLE NAME	OGABANG	/ /
27. MOTHER'S MAIDEN NAME		/ /
SURNAME	VERGARA	/ /
FIRST NAME	MARIA ISABEL	/ /
MIDDLE NAME	ABALLE	/ /
25. NAME OF CHILD (Write full name and list all)		/ /
		/ /
		/ /
		/ /
		/ /
		/ /

37 a. Have you ever been formally charged?	DYES <input type="checkbox"/> NO <input checked="" type="checkbox"/> If YES, give details						
b. Have you ever been guilty of any administrative offense?	DYES <input type="checkbox"/> NO <input checked="" type="checkbox"/> 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 <input type="checkbox"/> NO <input checked="" type="checkbox"/> 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 <input type="checkbox"/> NO <input checked="" type="checkbox"/> If YES, give details						
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						
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 <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						
JANICE GUARO							
APRIL GRABE MEDINA	F. CABALLING ST.						
43. EMPLOYMENT RECORD (latest)							
COMPANY NAME	POSITION	FROM	TO				
DREAMSCAPE NETWORKS INC.	WEBSITE TSR	MARCH 2017	MAY 2017				
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				
<table border="1" style="width:100%; border-collapse: collapse;"> <tr><td style="text-align: center;">COMMUNITY TAX CERTIFICATE NO.</td></tr> <tr><td style="text-align: center;">ISSUED AT</td></tr> <tr><td style="text-align: center;">/ /</td></tr> <tr><td style="text-align: center;">ISSUED ON (mm/dd/yyyy)</td></tr> </table>	COMMUNITY TAX CERTIFICATE NO.	ISSUED AT	/ /	ISSUED ON (mm/dd/yyyy)	RIGHT THUMBMARK		
COMMUNITY TAX CERTIFICATE NO.							
ISSUED AT							
/ /							
ISSUED ON (mm/dd/yyyy)							
IN CASE OF EMERGENCY: Please Contact: <u>CHARLOTTE A. YAP</u> Contact Number: _____ Relation: <u>SISTER</u>		<table border="1" style="width:100%; border-collapse: collapse;"> <tr><td style="text-align: center;">SIGNATURE (Sign in the box)</td></tr> <tr><td style="text-align: center;">DATE ACCOMPLISHED</td></tr> </table>		SIGNATURE (Sign in the box)	DATE ACCOMPLISHED		
SIGNATURE (Sign in the box)							
DATE ACCOMPLISHED							