

EMPLOYEE PERSONAL DATA SHEET

| Print legibly. Mark appropriate box | ces D v | with "/" and use separate sheet if necessary. | Schedule: | |
|--|--------------|---|--|--|
| 1. PERSONAL INFORMAT | NOI | | Team Lead: | |
| 2. SÜRNAME | A :: | L u B u) a A e u a n n s | випппо | n e n e e u |
| FIRST NAME | J | OGAGNGNGAG GMGAGR | u l n 6 n _ u | 6 U G G E E |
| MIDDLE NAME | ٧ŧ | REARA | 3. NAME EXTENSION (e.g. Jr., Si | |
| 4. DATE OF BIRTH (mm/dd/yyy | y) | 06 / 18 / 1985 | 17. RESIDENTIAL ADDRESS | BL 13, LT 19, PHASET DECA HOMES SUBD. |
| 5. PLACE OF BIRTH | _ (| tbu city | en e | DUMING THISAY |
| 6. SEX | D Ma | ale p Female | | city, ceau |
| 7. CIVIL STATUS | p Sin | gle DWidowed | ZIP CODE | 6045 |
| e Landan en landan en Landan en landan en land | DMa | rried DSeparated | 18. TELEPHONE NO. | n/a |
|) 2 | DAnr | nulled DOthers, specify | 19. PERMANENT ADDRESS | OL 13, LT 19. PHASE 1 |
| 8. CITIZENSHIP | | FILIPINO |] | DECA HONNES CUBD. |
| 9. HÉIGHT (m) | | 5'c | | DUMING TAUSILY |
| 10. WEIGHT (kg) | | 12 kg. | | CITY, CEBU |
| 11. BLOOD TYPE | | B+ () | ZIP CODE | 6045 |
| 12. GSIS ID NO. | | | 20. TELEPHONE NO. | n/a |
| 13. PAG-IBIG ID NO. | | 1210-1896-7946 | 21. E-MAIL ADDRESS (if any) | Jaando Hagrail con |
| 14. PHILHEALTH NO. | | 2-050848465-3 | | |
| 15. 3 \$\$ NO. | + | 26-2634761-3 | 22. CELLPHONE NO. (if any) | 0939-5788733 |
| 16. ȚIN | | 246-640-421-000 | 23. EMPLOYEE ID NO. | |
| II. FAMILY BACKGROUN | D | | | |
| 24. SPOUSE'S SURNAME | | | | DATÉ OF BIRTH |
| FIRST NAME | | | | (mm/dd/yyjy) |
| MIDDLE NAME | | | | / / |
| OCCUPATION | | | | / / |
| EMPLOYER/BUS. NAME | | | | / / |
| BUSINESS ADDRESS | | | | / / |
| TELEPHONE NO. | | | | // |
| | (Ca | ontinue on separate sheet if necessary) | | / / |
| 26. FATHER'S SURNAME | | ALBIA | | |
| FIRST NAME | | LEONIDES | | // |
| MIDDLE NAME | | OGABANG | | / / |
| 27. MOTHER'S MAIDEN NAME | : | | | 1 1. |
| SURNAME | | VERGARA | | / / |
| FIRST NAME | | MARIA ISAGEL | | / / |
| MIDDLE NAME | | ABALLE | | 1 1. |
| | | 25. NAME OF CHILD | | 1 1 |
| : | | (Write full name and list all) | | / / |
| | | | | / / |
| | | | | / / |
| | _ | | | , , |
| | | | | |
| | | | | 1 1 |

| 37 à. Have you ever been fo | rmally c | harged? | | DYES | ₽no |
|--|--|--|--|--|---|
| | | | | If YES, give | details |
| | 1.2.3 | No. of the second | | 1 | |
| * | | | 2 | | , |
| | | 111 1 ME 1 | | | |
| b. Have you ever been g | ulty of a | any administrative off | ense? | DYES | Ø NO |
| | | ล้องเพื่อสามารถ ขาง แล้ว ของสมาณ ส ามารถ | | . 1 | • |
| \$ • | | | | If YES, give | cetalis |
| A CONTRACTOR OF THE CONTRACTOR | | | interpretation of the second s | | |
| i kana wasan sa sa samuun a | 1 | e e e e | | | |
| 38. Have you ever been convic | ad at an | v crimo or violation of a | nu lour doceso | D | D |
| | | | iy iaw, decree, | DYES | B NO |
| ordinance or regulation by any | COURT OF | rnounair | | If YES, give | details |
| | 1 | | | } | |
| | | | | - | |
| | | · · · · · · · · · · · · · · · · · · · | | | |
| 39. Have you ever been separated | 4 | • • • | | DYES | ₽NO |
| retirement, dropped from the roll | 4 | | n, finished | If YES, give | details |
| contract, AWOL or phased out, in | the public | or private sector? | | ,, 123, 814C | accurs. |
| | 1 | | | | |
| | | | | · | |
| 40. Have you ever been a cand | date in a | national or local election | n (excent | Dyes | ØNO |
| Barangay election)? | T | | , , , , , , , , , , , , , , , , , , , | i - · | |
| and the control of | | • | • | If YES, give | details |
| | | | | | |
| - | | | | | |
| 41. Pursuant to: (a) Indigenouse People's | Ant (D4 D2) | 710. (b) \$4 | -d Dones /D + 34 | 1 | |
| and Solo Parents Welfare Act 2000 (RA 8 | | | eo Persons (KA /2//) | · | |
| SON PRICING WENGIE ALL ZUOD (AA O | элгу, рисал | E SISMEL THE IONOMINE HENIS. | | | |
| · | | | • | | |
| | . | | | 1_ | • |
| a. Are you a member of any is | idigenou | s group? | | DYES | Ø NU |
| · · | 1 | • | - | If YES, give | please specify: |
| t Annalistanamatu ablad? | | | | Dyes | 1 000 |
| | 1 | | | DIES | DNO |
| b. Are differently abled? | _1 | | | | |
| b. Are differently abled? | | | | If YES, give | please specify: |
| | | | | 1 | |
| c. Are you a solo parent? | | | | Dyes | ⊅ NO |
| c. Are you a solo parent? | | | | Dyes | |
| | l by consan | guinity or affinity to applicant/s | ippointee) | Dyes | ⊅ NO |
| c. Are you a solo parent? 42. REFERENCES (Person not relate | y consan | <u> </u> | | Dyes | 対 NO please specify: |
| c. Are you a solo parent? 42. REFERENCES (Person not related NAME | y consan | <u> </u> | ippointee) ADDRESS | Dyes | ⊅ NO |
| c. Are you a solo parent? 42. REFERENCES (Person not related NAME JANICE GUA70 | | | ADDRESS | Dyes | 対 NO please specify: |
| c. Are you a solo parent? 42. REFERENCES (Person not related NAME | | <u> </u> | ADDRESS | Dyes | 対 NO please specify: |
| c. Are you a solo parent? 42. REFERENCES (Person not related NAME JANICE GUA70 | | | ADDRESS | Dyes | 対 NO please specify: |
| c. Are you a solo parent? 42. REFERENCES (Person not related NAME JANICE GUAZO APRIL GRAEE MEDIN | A | | ADDRESS | Dyes | 対 NO please specify: |
| c. Are you a solo parent? 42. REFERENCES (Person not related NAME JANICE GUA70 | A | | ADDRESS | Dyes | 対 NO please specify: |
| c. Are you a solo parent? 42. REFERENCES (Person not related NAME JANICE GUAZO APRIL GRAEE MEDIN | A | | ADDRESS | Dyes | 対 NO please specify: |
| c. Are you a solo parent? 42. REFERENCES (Person not related NAME JANICE GUATO APRIL GRACE MEDIN 43. EMPLOYMENT RECORD (Interpretation of the Company NAME) | est) | F CABATHUL S | T. FF | DYES If YES, give | please specify: |
| c. Are you a solo parent? 42. REFERENCES (Person not relate NAME JANICE GUAZO APRIL GRACE MEDIN 43. EMPLOYMENT RECORD (lat | est) | 7. CABAHNE S | ADDRESS T. | DYES If YES, give | please specify: |
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| c. Are you a solo parent? 42. REFERENCES (Person not relate NAME JANICE GUAZO APRIL GRAEE MEDIN 43. EMPLOYMENT RECORD (lat COMPANY NAME DEFANS CAPE NETWORKS | est) SNC: S Persona Dursuant (| POSITION WOS IN TSR Il Data Sheet has been accto the provisions of pertine | ADDRESS T. FF MARCH pmplished by me, | If YES, give | TEL NO. |
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| c. Are you a solo parent? 42. REFERENCES (Person not related NAME JANICE GUAZO APRIL GRACE MEDIN 43. EMPLOYMENT RECORD (lated COMPANY NAME) DEFANSCAPE NETWORKS | est) SN(| POSITION WOSSIN TSR II Data Sheet has been according to the Philippines. | ADDRESS T. FF MARCH complished by me, ent laws, rules and | If YES, give | TO MAY LOV ID picture taken within the last months 3.5 cm. X 4.5 cm (passpor |
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