



EMPLOYEE PERSONAL DATA SHEET

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

Schedule: _____

I. PERSONAL INFORMATION

Team Lead: _____

1. SURNAME	D E L C A S T I L L O		
2. FIRST NAME	F U R D A N C I S O		
3. MIDDLE NAME	ALIGWAY	3. NAME EXTENSION (e.g. Jr., Sr.)	
4. DATE OF BIRTH (mm/dd/yyyy)	08 / 27 / 1990	17. RESIDENTIAL ADDRESS	CENTRO LABOGON, MANDAUE CITY
5. PLACE OF BIRTH	CERU CITY	ZIP CODE	6019
6. SEX	<input type="checkbox"/> Male <input type="checkbox"/> Female	18. TELEPHONE NO.	505 8970
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	CENTRO LABOGON, MANDAUE CITY
8. CITIZENSHIP	FILIPINO	ZIP CODE	6019
9. HEIGHT (m)	5'2"	20. TELEPHONE NO.	505 8970
10. WEIGHT (kg)	55 kg	21. E-MAIL ADDRESS (if any)	antitica.del.castillo@gmail.com
11. BLOOD TYPE	B+	22. CELLPHONE NO. (if any)	0995 566 0708
12. GSIS ID NO.		23. EMPLOYEE ID NO.	
13. PAG-IBIG ID NO.	121 193 516 892		
14. PHILHEALTH NO.	120 515 3A9 737		
15. SSS NO.	06-3570740-6		
16. TIN	446-639-662-000		

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)		
25. FATHER'S SURNAME	DEL CASTILLO	/ /
FIRST NAME	CESAR	/ /
MIDDLE NAME	DUENAS	/ /
26. MOTHER'S MAIDEN NAME		/ /
SURNAME	ALIGWAY	/ /
FIRST NAME	MILAGROS	/ /
MIDDLE NAME	SAPIO	/ /
27. NAME OF CHILD		/ /
(Write full name and list all)		/ /
		/ /