

37 a. 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								
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 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 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 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 If YES, give please specify: _____								
b. Are differently abled?	DYES <input type="checkbox"/> NO If YES, give please specify: _____								
c. Are you a solo parent?	DYES <input type="checkbox"/> NO if YES, give please specify: _____								
42. REFERENCES (Person not related by consanguinity or affinity to applicant/appointee)									
NAME	ADDRESS	TEL NO.							
MICHAEL JACINTO	BRGY. KALUNASAN CEBU CITY								
AIDA SOPOMINES	BRGY. KALUNASAN CEBU CITY								
SONETH PIKEZ	QUOT PARTO CEBU CITY								
43. EMPLOYMENT RECORD (latest)									
COMPANY NAME	POSITION	FROM	TO						
CONDUENT	DATA ENTRY/SPECIALIST	2011	2020						
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.		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							
I also authorize the agency head/ authorized representative to verify/ validate the contents stated herein. I trust that this information shall remain confidential.		<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%; padding: 5px;"> <table border="1" style="width:100%; border-collapse: collapse;"> <tr><td style="padding: 2px;">COMMUNITY TAX CERTIFICATE NO.</td></tr> <tr><td style="padding: 2px;">ISSUED AT</td></tr> <tr><td style="padding: 2px;">/ /</td></tr> <tr><td style="padding: 2px;">ISSUED ON (mm/dd/yyyy)</td></tr> </table> </td> <td style="width:50%; padding: 5px; vertical-align: bottom;"> RIGHT THUMBMARK </td> </tr> </table>		<table border="1" style="width:100%; border-collapse: collapse;"> <tr><td style="padding: 2px;">COMMUNITY TAX CERTIFICATE NO.</td></tr> <tr><td style="padding: 2px;">ISSUED AT</td></tr> <tr><td style="padding: 2px;">/ /</td></tr> <tr><td style="padding: 2px;">ISSUED ON (mm/dd/yyyy)</td></tr> </table>	COMMUNITY TAX CERTIFICATE NO.	ISSUED AT	/ /	ISSUED ON (mm/dd/yyyy)	RIGHT THUMBMARK
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IN CASE OF EMERGENCY: Please Contact: <u>JESSA ALONSO</u> Contact Number: <u>(0445-991-0) 0922-480-4691</u> Relation: <u>MOTHER</u>		<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="text-align: center; padding: 5px;"> SIGNATURE (Sign in the box) </td> </tr> <tr> <td style="text-align: center; padding: 5px;"> <u>1-15-2020</u> DATE ACCOMPLISHED </td> </tr> </table>		 SIGNATURE (Sign in the box)	<u>1-15-2020</u> DATE ACCOMPLISHED				
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