



# EMPLOYEE PERSONAL DATA SHEET

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

Schedule: \_\_\_\_\_

## I. PERSONAL INFORMATION

Team Lead: \_\_\_\_\_

2. SURNAME	A L B A Ñ O	3. NAME EXTENSION (if any)	
1. FIRST NAME	L O U E L L A	17. RESIDENTIAL ADDRESS	ST. ANTHONY'S VILL. CADAHUAN TALAMBAN, CEBU CITY
4. MIDDLE NAME	G O D I T O	18. TELEPHONE NO.	
6. DATE OF BIRTH (mm/dd/yyyy)	10/28/1990	19. PERMANENT ADDRESS	ST. ANTHONY'S VILLAGE CADAHUAN, TALAMBAN, CEBU CITY
5. PLACE OF BIRTH	DAVAO CITY	20. ZIP CODE	6000
7. SEX: FEMALE <input checked="" type="checkbox"/>	<input type="checkbox"/> Male <input checked="" type="checkbox"/> Female	21. E-MAIL ADDRESS (if any)	miophabelle @ gmail.com
8. CIVIL STATUS	<input checked="" type="checkbox"/> Single <input type="checkbox"/> Widowed	22. CELLPHONE NO. (if any)	09323084646
<input checked="" type="checkbox"/> SINGLE	<input type="checkbox"/> Married <input type="checkbox"/> Separated	23. EMPLOYEE ID NO.	1651
9. NATIONALITY	FILIPINO		
10. HEIGHT (m)	4'11"		
11. WEIGHT (kg)	49 klr		
12. BLOOD TYPE	B+		
13. PAG-IBIG ID NO.	1211-0328-6494		
14. PHILHEALTH NO.	16-050593584-2		
15. SSS NO.	09-3665692-6		
16. TIN	315-430-025		

## II. FAMILY BACKGROUND

24. SPOUSE'S SURNAME		
FIRST NAME		/ /
MIDDLE NAME		/ /
OCCUPATION		/ /
BUSINESS ADDRESS		/ /
TELEPHONE NO.		/ /
(Continue on separate sheet if necessary)		
25. FATHER'S SURNAME	ALBAÑO	/ /
FIRST NAME	RENATO	/ /
MIDDLE NAME	HANATAD	/ /
26. MOTHER'S MAIDEN NAME		/ /
SURNAME	GODITO	/ /
FIRST NAME	CARMENCITA	/ /
MIDDLE NAME	MARTICION	/ /
(Write full name and list all)		
JOSH RAPHAEL	ALBAÑO CARREDO	03 / 01 / 2016
NORIELLA ISABELLE	ALBAÑO BALAORD	12 / 17 / 2018
		/ /
		/ /
		/ /

37 a. Have you ever been formally charged?	DYES <del>D</del> NO If YES, give details							
b. Have you ever been guilty of any administrative offense?	DYES <del>D</del> 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 <del>D</del> 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 <del>D</del> NO If YES, give details							
40. Have you ever been a candidate in a national or local election (except Barangay election)?	DYES <del>D</del> NO If YES, give details							
41. Pursuant to: (a) Indigenous People's Act (RA 8371); (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 <del>D</del> NO If YES, give please specify: _____							
b. Are differently abled?	<del>D</del> YES <del>D</del> NO If YES, give please specify: _____							
c. Are you a solo parent?	<del>D</del> YES <del>D</del> NO If YES, give please specify: _____							
42. REFERENCES (Person not related by consanguinity or affinity to applicant/appointee)								
NAME	ADDRESS	TEL NO.						
43. EMPLOYMENT RECORD (latest)								
COMPANY NAME	POSITION	FROM	TO					
FOCUS INC	CSR	JULY 2016	MARCH 2019					
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)					
I also authorize the agency head/ authorized representative to verify/ validate the contents stated herein. I trust that this information shall remain confidential.			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; padding: 2px;">COMMUNITY TAX CERTIFICATE NO.</td></tr> <tr><td style="text-align:center; padding: 2px;">ISSUED AT</td></tr> <tr><td style="text-align:center; padding: 2px;">/ /</td></tr> <tr><td style="text-align:center; padding: 2px;">ISSUED ON (mm/dd/yyyy)</td></tr> </table>	COMMUNITY TAX CERTIFICATE NO.	ISSUED AT	/ /	ISSUED ON (mm/dd/yyyy)	RIGHT THUMBMARK	<table border="1" style="width:100%; border-collapse: collapse;"> <tr><td style="text-align:center; padding: 5px;">  LOUREL G. ALBANO SIGNATURE (Sign in the box) </td></tr> <tr><td style="text-align:center; padding: 5px;">DATE ACCOMPLISHED</td></tr> </table>	LOUREL G. ALBANO SIGNATURE (Sign in the box)	DATE ACCOMPLISHED
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IN CASE OF EMERGENCY:		<table border="1" style="width:100%; border-collapse: collapse;"> <tr><td style="padding: 2px;">Please Contact: <u>CAREN KAY G. ALBANO</u></td></tr> <tr><td style="padding: 2px;">Contact Number: <u>09053589527</u></td></tr> <tr><td style="padding: 2px;">Relation: <u>SIBLING</u></td></tr> </table>		Please Contact: <u>CAREN KAY G. ALBANO</u>	Contact Number: <u>09053589527</u>	Relation: <u>SIBLING</u>		
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