

EMPLOYEE PERSONAL DATA SHEET

Print legibly. Mark appropriate bo	oxes D with "/" and use separate sheet if necessary.	Schedule:	OPM - 7AM
I. PERSONAL INFORMA			
2. SURNAME	ALOnnenna	al (1 (3 (4)) [1 (4)]	11 (1 11 (1) 11
FIRST NAME	MIKHAILOR	ALGBILLI	ппанна
MIDDLE NAME	OLLADA	3. NAME EXTENSION (e.g. Jr.,	
4. DATE OF BIRTH (mm/dd/yy	3001. 64. 01	17. RESIDENTIAL ADDRESS	213 TRES DE ABRIL ST.
5. PLACE OF BIRTH	LAS PIÑAS CITY		LABANGON, CEBU CITY
6. SEX	がMale D Female		
7. CIVIL STATUS	Single DWidowed	ZIP CODE	000
	DMarried DSeparated	18. TELEPHONE NO.	
\$	DAnnulled DOthers, specify	19. PERMANENT ADDRESS	213 TRES DE ABRIL ST
8. CITIZENSHIP	FILI PINO		LABANGON, CEBU CITY
9. HEIGHT (m)	JA22		
10. WEIGHT (kg)	13		
11. BLOOD TYPE	0	ZIP CODE	6006
12. GSIS ID NO.		20. TELEPHONE NO.	
13. PAG-IBIG ID NO.	1212 6370 0447	21. E-MAIL ADDRESS (if any)	thail-kyk-alo@gmail.com
14. PHILHEALTH NO.	0125-0019-7062		
15. \$S\$ NO.	34-8961344-2	22. CELLPHONE NO. (if any)	099599431,01
16. TIN		23. EMPLOYEE ID NO.	1659
II. FAMILY BACKGROUI	ND		
24. SPOUSE'S SURNAME			DATE OF BIRTH
FIRST NAME			(mm/dd/yyyy)
MIDDLE NAME			/ /
OCCUPATION			/ /
EMPLOYER/BUS, NAME			/ /
BUSINESS ADDRESS			/ /
TELEPHONE NO.			/ /
	(Continue on separate sheet if necessary)		/ /
26. FATHER'S SURNAME			/ /
FIRST NAME			//
MIDDLE NAME			/ /
27. MOTHER'S MAIDEN NAM	E		1.03 / 13 / 1950
SURNAME	ALO		/ /
FIRST NAME	EMILIE		/ /
MIDDLE NAME	OLLADA		/ /
	25. NAME OF CHILD		/ /
	(Write full name and list all)	·	/ /
			
			1 /
			/ /
	·····		/ /

37 a. Have you ever been fo	mally cl	harged?			DNO	
				If YES, give o	details	
				<u> </u>		
		• .				
b. Have you ever been guilty of any administrative offense?			Dyes	ØNO		
			If YFS, give o	details.		
				1.0.1		
w komo o e enoueise.	4 . 25	and the second s	a gyster fill ar fell is			
38. Have you ever been convict			y law, decree	, Dyes	PNO	
ordinance or regulation by any court				.ee.	If YES, give details	
. And the second of the second		and the second of the				
39. Have you ever been separated	from the	service in any following mo	odes: resignati	on, (1)yes	ADNO .	
retirement, dropped from the rolls, dismiss		ıl, termination, end of term, finished			If YES, give details	
contract, AWOL or phased out, in	the public	or private sector?		11. 123, 8.13		
					·	
	1.1	and the second second	- /t	Dura	D No	
40. Have you ever been a cand Barangay election)?	idate in a	national or local electio	n (except	DYES		
DatatiRak sterriotili:				If YES, give details		
			and the second			
41. Pursuant to: (a) Indigenouse People's and Solo Parents Welfare Act 2000 (RA 8	Act (RA 83) 1972), pleasi	710; (b) Magna Carta for Disable answer the following Items:	ed Persons (RA 72	^[77] i		
Wild TAIR LEICHTS AS ENGIE WAS TOOK THE C	, z _H preus	and the same of th				
a. Are you a member of any h	digenou	s group?		Dyes	D NO	
				If YES, give	please specify:	
b. Are differently abled?				Dyes	₽̇̀nŭ	
and the second section of the second section is a second second second second section of the second section se	<u></u>	and the second section of the second		If YES, give	please specify:	
c. Are you a solo parent?	<u> </u>	· · · · · · · · · · · · · · · · · · ·		DYES	ØNO	
	40.130	- 1 항상 교육보면 - 가능하다	January Salas	If YES, give	please specify:	
42. REFERENCES (Person not relate	by consan	guinity or affinity to applicant/a	ppointee)			
NAME		ADDRESS		· · · · · · · · · · · · · · · · · · ·	TEL NO.	
WAVE		MPDIIZO				
		<u> </u>			<u>. </u>	
<u></u>	•					
43. EMPLOYMENT RECORD (la:	nct)					
COMPANY NAME	Earl	POSITION		FROM	ТО	
COMPANT NAME	•	103111014		TROW		

	+					
44. I declare under oath that th	S. Daman	Dota Choot has been asse	and lehad by	no and is a true		
correct and complete statement	1					
		public of the Philippines.			ID picture taken within the last 6	
the second secon			en e		months 3.5 cm. X 4.5 cm (passpor size)	
i also authorize the agency head/	uthorize	d representative to verify/	validate		,	
the contents stated herein. I trust	that this	information shall remain o	onfidential.			
	+		Í		ĺ	
COMMUNITY TAX C	RTIFICATI	E NO.				
	<u> </u>				Computer generated or xerox copy of picture is not acceptable	
ISSUED	AT					
1	1					
issued on (mr	/dd/yyyy		RIGHT	THUMBMARK		
IN CASE OF EMERGENCY:					7	
Please Contact: EMILIE 0- A	<u> </u>		_ j	A.A	C (C) - to the to 1	
Contact Number: 09/78422984			SIGNATURE (Sign in the box)			
Relation: MOTHER	!		<u> </u>	DATE A	CCOMPLISHED	
I			-			