

EMPLOYEE PERSONAL DATA SHEET

rint legibly. Mark appropriate bo	oxes D with "/" and use separate sheet if neces	sary. Schedule:	10pm - 7am		
. PEKSUNAL INFURIVIA	Tiŭn	Team Lead:			
2. SURNAME	ALIMA	в приняни			
FIRST NAME	MICHELLE	u n u n u u u	и а а о и п		
MIDDLE NAME	Sabalu	3. NAME EXTENSION (e.g. Jr., S			
4. DATE OF BIRTH (mm/dd/yy	0 - 10 - 10		Osmeña Village		
S. PLACE OF BIRTH	Calcacan City		Osmeña Village, Pluta Prinava, Tabangan, Cebu Gago		
6. SEX	D Male D Female		400000000, 0000		
7. CIVIL STATUS	D Single DWidowed	ZIP CODE	6000		
r, civil s ratus	DMarried DSeparated	18. TELEPHONE NO.			
	DAnnulled DOthers, specify	19, PERMANENT ADDRESS	In Vicento Lux		
8. CITIZENSHIP	Filipina	Inited Doctriess, spearty			
9. HEIGHT (m)	5'3		fon Vicente fur, tagbayan, Behel		
10. WEIGHT (kg)	49 kgs	and the second s			
11. BLOOD TYPE	B+	ZIP CODE			
12. GSIS ID NO.		20. TELEPHONE NO.			
13. PAG-IBIG ID NO.	12-025483075	21. E-MAIL ADDRESS (if any)	Middlealina 2019 agmail (
	12-000-1850-15		09309438854		
15. SSS NO.		22. CELLPHONE NO. (if any)	1669		
16. ŢIN		23. EMPLOYEE ID NO.	100-1		
II. FAMILY BACKGROU	ND		DATE OF BUILT		
24. SPOUSE'S SURNAME		<u> </u>	DATE OF BIRTH (mm/dd/yyyy)		
FIRST NAME			1 1		
MIDDLE NAME					
OCCUPATION			/ /		
EMPLOYER/BUS, NAME			/ /		
BUSINESS ADDRESS			/ /		
TELEPHONE NO.			/ /		
	(Continue on separate sheet if neces	ssary)	/ /		
26. FATHER'S SURNAME	ALIMA		04/29/1969		
FIRST NAME	SEGUNDINO		/ /		
MIDDLE NAME	BONGATO		1 1		
27. MOTHER'S MAIDEN NAM	IE		1 1		
SURNAME	SABALLE		12 /08 / 1968		
FIRST NAME	MARIVIC		/ /		
MIDDLE NAME	COSARES		1 1		
	25. NAME OF CHILD		1 1		
	(Write full name and list all)		1 1		
Klay Explais	el Barribe		09/13/19		
U - V		<u> </u>	/ /		
			/ /		
			1 1		
			1 1		
			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		

37 a. Have you ever been for	mally ch	narged?			l l	DNO "			
•					If YES, give o	ietails			
	Page!								
b. Have you ever been gu	elty of a	nv administr	ative offense	•} ::	DYES	Dno "			
				Seeder of the	If YES, give o	details			
randra (j. 1865) <u>18. julija: Propositari Marcanda (j. 1886)</u> 18. julija: Propositari Marcanda (j. 1886)		and the second of the second o							
	***** * ***					DNo "			
38. Have you ever been convict ordinance or regulation by any			ation of any is	iw, decree					
orginance of regulation by any	LOUIT OF L	JIGUITALI	· •		If YES, give o	getalis			
39. Have you ever been separated	from the	service in any f	oliowing mode	s: resignati	on, DYES "	DNO			
retirement, dropped from the rolls	dismissal, termination, end of term, finished		If YES, give	If YES, give details					
contract, AWOL or phased out, in	the public	he public or private sector?			Revian	Relignation			
	1				0				
40. Have you ever been a candi	date in a	national or in	ral election (e	excent	Dyes	DNO "			
Barangay election)?	pate (1) a	late iii a hational of local election (except							
men mer Deck series er represt t				ii fes, give	If YES, give details				
				*** =	<u> </u>				
	<u> </u>								
41. Pursuant to: (a) Indigenouse People's and Solo Parents Welfare Act 2000 (RA 8				ersons (RA 72	<u> </u>				
SUR 2010 Lateritz Meliars Wet 5000 few o	72), presse	HIGHEI WE IONE	WILL TOURS						
		general e		*					
a. Are you a member of any ir	digenous	s group?			DYES	Dno "			
•	-				If YES, give	please spe	ecify:		
b. Are differently abled?						DNO "	• ——		
Commence of the second			an improved major and the Article Articles		If YES, give		acifu:		
			•			DNO *1			
c. Are you a solo parent?		and the same of th	والمراجع والمحاجر المعجود	era alle era era era era era era era era era er	1		aif.		
					If YES, give	piease spe	CITY:		
42. REFERENCES (Person not related	by consang	guinity or affinity (to applicant/appoi	intee)			-		
NAME				RESS		TEL NO.			
Kenneth Ranis		A Luil	ille, Bus	ont of	w City	<u>Ciba</u>			
Dairi Cabalen		arine	Village	walas	uden Cebu				
0			· .						
43. EMPLOYMENT RECORD (lat	est)								
COMPANY NAME		POSI	TION		FROM		то		
Candusal		Billing Specialist NOV 20		018	YAM	2019			
Loudens		TSR			2015	DEC			
intras in		101	<u></u>	1901	<u> </u>	000	2011		
		 	.	<u>'</u>		 			
44. I declare under oath that th		Nata Chast hi	a baia saaaa	والمالية المالية					
correct and complete statement									
	1	ublic of the Phi				1 '	ken within the last 6		
			*			months 3.5 c	m. X 4.5 cm (passport size)		
falso authorize the agency head/	authorizer	d representativ	e to verify/ vali	ldate .			size)		
the contents stated herein. I trust	that this i	information sha	all remain confi	dential.	<u> </u>				
			7 7			}			
COMMUNITY TAX C	RTIFICATE	NO.	1		ł	1			
	-		i		1		generated or xerox		
ISSUED	AT.		,			copy of picti	ure is not acceptable		
1330ED	<u>F'</u>								
ISSUED ON (mn	/dd/sees		 	RIGHT 1	HUMBMARK				
	7 7777/		,						
IN CASE OF EMERGENCY:					(\mathcal{N} .	!		
Please Contact:	 				SIGNATURI	() E (Sign in the	box)		
Contact Number:						3-20			
Relation:					DATE A	CCOMPLISHE	D		
1	[· · · ———				

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