



EMPLOYEE PERSONAL DATA SHEET

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

PERSONAL INFORMATION

SURNAME		B O N G O	
FIRST NAME		L O R E L I E	
MIDDLE NAME		G A B I J A N	
DATE OF BIRTH (mm/dd/yyyy)		05 / 19 / 1990	
PLACE OF BIRTH		CEBU CITY	
SEX		<input type="checkbox"/> Male <input checked="" type="checkbox"/> Female	
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 _____	
CITIZENSHIP		FILIPINO	
HEIGHT (m)		5'3	
WEIGHT (kg)		65	
BLOOD TYPE		O+	
AGSIS ID NO.			
PAG-IBIG ID NO.		915106394262	
PHILHEALTH NO.		12-051449964-6	
SSS NO.		06-3666748-0	
16. RESIDENTIAL ADDRESS		221-16 Tudtud Rosello Prvt. Road Nasipit Talamban Cebu City	
ZIP CODE		6000	
17. TELEPHONE NO.		N/A	
18. PERMANENT ADDRESS		221-16 TUDTUD ROSELLO PRIVATE RD NASIPIT TALAMBAN CEBU CITY	
ZIP CODE		6000	
19. TELEPHONE NO.		N/A	
20. E-MAIL ADDRESS (if any)		lorieb @ oceanhomehealth.com	
21. CELLPHONE NO. (if any)		09222900397	
22. AGENCY EMPLOYEE NO.			
23. TIN			

FAMILY BACKGROUND

SPOUSE'S SURNAME	25. NAME OF CHILD (Write full name and list all)	DATE OF BIRTH (mm/dd/yyyy)
FIRST NAME	ETHAN B. GOC-ONG	12 / 28 / 2011
MIDDLE NAME		/ /
OCCUPATION		/ /
EMPLOYER/BUS. NAME		/ /
BUSINESS ADDRESS		/ /
TELEPHONE NO.		/ /
(Continue on separate sheet if necessary)		
FATHER'S SURNAME	BONGO	/ /
FIRST NAME	ALLAN	/ /
MIDDLE NAME	TUDTUD	/ /
MOTHER'S MAIDEN NAME		/ /
SURNAME	GABIJAN	/ /
FIRST NAME	RUBIFE	/ /
MIDDLE NAME	LABRA	
(Continue on separate sheet if necessary)		

37 a. Have you ever been formally charged? YES NO
 If YES, give details: _____

b. Have you ever been guilty of any administrative offense? DYES 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 NO
 If YES, give details: _____

39. Have you ever been separated from the service in any of the 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 NO
 If YES, give details:
 private sector

40. Have you ever been a candidate in a national or local election (except Barangay election)? DYES NO
 If YES, give details: _____

41. Pursuant to: (a) Indigenous People's Act (RA 8371); (b) Magna Carta for Disabled Persons (RA 7277); and (c) Solo Parents Welfare Act of 2000 (RA 8972), please answer the following items:

a. Are you a member of any indigenous group? DYES NO
 If YES, please specify: _____

b. Are you differently abled? DYES NO
 If YES, please specify: _____

c. Are you a solo parent? DYES NO
 If YES, please specify: _____

42. REFERENCES (Person not related by consanguinity or affinity to applicant / appointee)

NAME	ADDRESS	TEL. NO.
Bonnibelle Ardaba	Nacipit Talamban Cebu City	09493702844
Rudelyn Galing Galing	Tongo Banilad Cebu City	0429717031
Loriedin Ducay	Nacipit Talamban Cebu City	09477471049

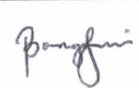
ID picture taken within the last 6 months
 3.5 cm. X 4.5 cm
 (passport size)

43. 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.

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

COMMUNITY TAX CERTIFICATE NO.
ISSUED AT
/ /
ISSUED ON (mm/dd/yyyy)

 SIGNATURE (Sign inside the box)
DATE ACCOMPLISHED

RIGHT THUMBMARK
