



EMPLOYEE PERSONAL DATA SHEET

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

Schedule: _____

Team Lead: _____

I. PERSONAL INFORMATION

2. SURNAME	A B I A D O I A	3. NAME EXTENSION (e.g. Jr., Sr.)	
FIRST NAME	P H I L I P O C L E O N O I C	17. RESIDENTIAL ADDRESS	312 P - BURGOS ST. CENTRO MANDAOE CITY CEBU
MIDDLE NAME		ZIP CODE	6014
4. DATE OF BIRTH (mm/dd/yyyy)	10 / 02 / 1995	18. TELEPHONE NO.	349-2361
5. PLACE OF BIRTH	MANDAOE CITY	19. PERMANENT ADDRESS	312 P - BURGOS ST. CENTRO MANDAOE CITY CEBU
6. SEX	<input checked="" type="checkbox"/> Male <input type="checkbox"/> Female	ZIP CODE	6014
7. 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 _____	20. TELEPHONE NO.	349-2361
8. CITIZENSHIP	FILIPINO	21. E-MAIL ADDRESS (if any)	philipocleonio@gmail.com
9. HEIGHT (m)		22. CELLPHONE NO. (if any)	0937113707
10. WEIGHT (kg)		23. EMPLOYEE ID NO.	
11. BLOOD TYPE			
12. GSIS ID NO.			
13. PAG-IBIG ID NO.	1211-2156-6522		
14. PHILHEALTH NO.	12-051348622-2		
15. SSS NO.	06-3556040-7		
16. TIN	318-169-167-000		

II. FAMILY BACKGROUND

24. SPOUSE'S SURNAME		DATE OF BIRTH (mm/dd/yyyy)
FIRST NAME		/ /
MIDDLE NAME		/ /
OCCUPATION		/ /
EMPLOYER/BUS. NAME		/ /
BUSINESS ADDRESS		/ /
TELEPHONE NO.		/ /
(Continue on separate sheet if necessary)		
26. FATHER'S SURNAME	CINCOFLORES	(DECEASED)
FIRST NAME	GERARDO JOY	/ /
MIDDLE NAME	GIMONGALA	/ /
27. MOTHER'S MAIDEN NAME		/ /
SURNAME	ABADIA	7 / 12 / 1969
FIRST NAME	JENE	/ /
MIDDLE NAME	MATBAON	/ /
25. NAME OF CHILD		/ /
(Write full name and list all)		/ /