



# EMPLOYEE PERSONAL DATA SHEET

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

## I. PERSONAL INFORMATION

2. SURNAME	SANCHEZ		
FIRST NAME	ARIEL		
MIDDLE NAME	PABATE	3. NAME EXTENSION (e.g. Jr., Sr.)	
4. DATE OF BIRTH (mm/dd/yyyy)	6/13/1999	16. RESIDENTIAL ADDRESS	
5. PLACE OF BIRTH	PAGADIAN CITY	Holy Family Village 1 Banilad, Cebu City #14.	
6. SEX	<input checked="" type="checkbox"/> Male <input type="checkbox"/> Female	17. TELEPHONE NO.	6000
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 _____	18. PERMANENT ADDRESS	
8. CITIZENSHIP	PHILIPINO	19. TELEPHONE NO.	
9. HEIGHT (m)	5'7"	20. E-MAIL ADDRESS (if any)	Ariel.Banchez423@yahoo.com
10. WEIGHT (kg)	65	21. CELLPHONE NO. (if any)	0915680501
11. BLOOD TYPE		22. AGENCY EMPLOYEE NO.	
12. GSS ID NO.		23. TIN	483-645-965
13. PAG-BIG ID NO.	1211-8380-8192		
14. PHILHEALTH NO.	12-051517837-1		
15. SSS NO.	06-3885208-6		

## II. FAMILY BACKGROUND

24. SPOUSE'S SURNAME	25. NAME OF CHILD (Write full name and list all)	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	Sanchez	/ /
FIRST NAME	Arnold	/ /
MIDDLE NAME	Mag-aso	/ /
27. MOTHER'S MAIDEN NAME		/ /
SURNAME	Pabate	/ /
FIRST NAME	Elyie	/ /
MIDDLE NAME	Dalacaca	(Continue on separate sheet if necessary)

Have you ever been formally charged?

DYES  NO  
If YES, give details:

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b. Have you ever been guilty of any administrative offense?

DYES  NO  
If YES, give details:

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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:

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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?

YES  NO  
If YES, give details: I resign because of health issues.

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40. Have you ever been a candidate in a national or local election (except Barangay election)?

YES  NO  
If YES, give details: Candidate for SK chairman.

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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.
Jes Stephen A. Etulle	Cordova Lelan	09163215309
Chad Berme Labrador	Urgello St. Sambag 1	0926222411
Acaso Contessa Biana	40-A, Rizal Ave. Bxk Marikina	09322835820

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

Computer generated or xerox copy of picture is not acceptable

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.

COMMUNITY TAX CERTIFICATE NO.	 SIGNATURE (Sign inside the box)	 RIGHT THUMBMARK
ISSUED AT		
ISSUED ON (mm/dd/yyyy)		
	DATE ACCOMPLISHED	