

EMPLOYEE PERSONAL DATA SHEET

	Print legibly. Mark appropriate bo	xes D with "/" and use separate sheet if necessary.	Schedule:	
FIRST NAME CLARK LOUISE SANCHEZ 3. NAME EXTENSION (e.g. Jr., Sr.) JM BASA ST CEBU CITY 6. SEX JM Male D Female DMarried DSeparated DMARRIED NO. 19. PERMANENT ADDRESS JM BASA ST CEBU CITY CEBU CITY 19. CEBU CITY 19. CEBU CITY 21. E-MAIL ADDRESS (if any) DATE OF BIRTH (mm/dd/yyyy) 16. TIN 18. FAMILY BACKGROUND 24. SPOUSE'S SURNAME MIDDLE NAME MID	I. PERSONAL INFORMA			
MIDDLE NAME SANCHEZ 3. NAME EXTENSION (e.g., Jr., Sr.) 4. DATE OF BIRTH (mm/dd/yyyy) 10. 16. 1996 5. PLACE OF BIRTH CEBU CITY 6. SEX Male D Female 7. CIVIL STATUS DAnnulled Dothers, specify B. CITIZENSHIP FILLIPINO 9. HEIGHT (m) 10. WEIGHT (kg) 113. PAG-IBIG ID NO. 12. GSIS ID NO. 13. PAG-IBIG ID NO. 14. PHILHEALTH NO. 15. SSS NO. 16. TIN 17. RESIDENTIAL ADDRESS JM BASA ST CEBU CITY 6000 18. TELEPHONE NO. 21. FEMALE ADDRESS 19. PREMANENT ADDRESS CEBU CITY 6000 20. TELEPHONE NO. 21. E-MAIL ADDRESS (if any) 22. CELLPHONE NO. (if any) 23. EMPLOYEE ID NO. 15. SSS NO. 22. CELLPHONE NO. (if any) 24. SPOUSE'S SURNAME FIRST NAME MIDDLE NAME MIDDLE NAME OCCUPATION EMPLOYER/BUS. NAME BUSINESS ADDRESS TELEPHONE NO. (Continue on separate sheet if necessary) (CEBALLOS T11 / 25 / 1974		CEDALLOS	0 0 0 0 0 0	
4. DATE OF BIRTH (mm/dd/yyyy) 5. PLACE OF BIRTH CEBU CITY 6. SEX Male D Female DMarried DSeparated DMarried Deparated DAnnulled DOthers, specify 9. HEIGHT (m) 10. WEIGHT (kg) 11. BLOOD TYPE O 22. CELLPHONE NO. 23. PAG-IBIG ID NO. 24. PHILHEALTH NO. 15. SSS NO. 16. TIN 11. FAMILY BACKGROUND 24. SPOUSE'S SURNAME FIRST NAME MIDDLE NAME MIDDLE NAME MIDDLE NAME MIDDLE NAME BUSINESS ADDRESS TELEPHONE NO. (Continue on separate sheet if necessary) CEBALLOS 17. RESIDENTIAL ADDRESS JM BASA ST CEBU CITY 6000 28. TELEPHONE NO. 19. PERMANENT ADDRESS JM BASA ST CEBU CITY 6000 21. E-MAIL ADDRESS CEBU CITY 6000 22. CELLPHONE NO. 19. PERMANENT ADDRESS JM BASA ST CEBU CITY 6000 22. CELLPHONE NO. 19. PERMANENT ADDRESS JM BASA ST CEBU CITY 6000 22. CELLPHONE NO. 19. PERMANENT ADDRESS JM BASA ST CEBU CITY 6000 22. CELLPHONE NO. 19. PERMANENT ADDRESS JM BASA ST CEBU CITY 6000 19. PERMANENT ADDRESS JM BASA ST CEBU CITY 6000 22. CELLPHONE NO. 19. PERMANENT ADDRESS JM BASA ST CEBU CITY 6000 19. PERMANENT ADDRESS JM BASA ST CEBU CITY 6000 19. PERMANENT ADDRESS JM BASA ST CEBU CITY 6000 19. PERMANENT ADDRESS JM BASA ST CEBU CITY 6000 19. PERMANENT ADDRESS JM BASA ST CEBU CITY 6000 19. PERMANENT ADDRESS JM BASA ST CEBU CITY 6000 19. PERMANENT ADDRESS JM BASA ST CEBU CITY 6000 19. PERMANENT ADDRESS JM BASA ST CEBU CITY 6000 19. PERMANENT ADDRESS JM BASA ST CEBU CITY 6000 19. PERMANENT ADDRESS JM BASA ST CEBU CITY 6000 19. PERMANENT ADDRESS JM BASA ST CEBU CITY 6000 19. PERMANENT ADDRESS JM BASA ST CEBU CITY 6000 19. PERMANENT ADDRESS JM BASA ST CEBU CITY	FIRST NAME	CLARK LOUISE		0 0 0 0 0
S. PLACE OF BIRTH CEBU CITY 6. SEX Male D Female 7. CIVIL STATUS Dingle DWidowed DMarried DSeparated DAnnulled DOthers, specify 19. PERMANENT ADDRESS 3. CITIZENSHIP FILL PINO 9. HEIGHT (m) 1.676 m 10. WEIGHT (kg) 103 11. BLOOD TYPE O 20. TELEPHONE NO. 21. E-MAIL ADDRESS (if any) 22. CELLPHONE NO. 23. EMPLOYEE ID NO. 24. PHILHEALTH NO. 25. SSS NO. 26. TIN 27. COCUPATION 28. CITIZENSHIP 29. PERMANENT ADDRESS 21. E-MAIL ADDRESS (if any) 22. CELLPHONE NO. (if any) 23. EMPLOYEE ID NO. 24. SPOUSE'S SURNAME FIRST NAME MIDDLE NAME MIDLE NAME MIDDLE NAME MIDDLE NAME MIDDLE NAME MIDDLE NAME	MIDDLE NAME	SANCHEZ	3. NAME EXTENSION (e.g. Jr., S	r.)
6. SEX Male D Female 2	4. DATE OF BIRTH (mm/dd/yyy	v) 10 16 1996	17. RESIDENTIAL ADDRESS	JM BASA ST
7. CIVIL STATUS Description D	5. PLACE OF BIRTH	CEBU CITY		CEBU CITY
DMarried DSeparated DAnnulled DOthers, specify 8. CITIZENSHIP FILIPINO 9. HEIGHT (m) 1.676 m 10. WEIGHT (kg) 11. BLOOD TYPE O 21. E-MAIL ADDRESS (if any) 14. PHILHEALTH NO. 15. SSS NO. 16. TIN 17. FAMILY BACKGROUND 18. FAMILY BACKGROUND 19. PERMANENT ADDRESS 19. PERMANENT ADDRESS 10. CEBU CITY 6000 21. E-MAIL ADDRESS (if any) 22. CELLPHONE NO. (if any) 23. EMPLOYEE ID NO. 16. TIN 24. SPOUSE'S SURNAME FIRST NAME MIDDLE NAME OCCUPATION EMPLOYER/BUS. NAME BUSINESS ADDRESS TELEPHONE NO. (Continue on separate sheet if necessary) (Continue on separate sheet if necessary) (CEBALLOS 11. / 25 / 1974	6. SEX	Ø Male D Female		
DANNULLED DOTHERS, specify 8. CITIZENSHIP FILIPINO 9. HEIGHT (m) 1.676 m 10. WEIGHT (kg) 11. BLOOD TYPE O 20. TELEPHONE NO. 13. PAG-IBIG ID NO. 14. PHILHEALTH NO. 15. SSS NO. 16. TIN 17. FAMILY BACKGROUND 24. SPOUSE'S SURNAME FIRST NAME MIDDLE NAME MIDDLE NAME OCCUPATION EMPLOYER/BUS. NAME BUSINESS ADDRESS TELEPHONE NO. (Continue on separate sheet if necessary) 19. PERMANENT ADDRESS TELEPHONE SURNAME CEBALLOS 19. PERMANENT ADDRESS CEBU CITY 6000 21. E-MAIL ADDRESS (if any) Clarkseyowzxcqwe@gmal.com 09267164923 DATE OF BIRTH (mm/dd/yyyy) / / / // / / / / / / / / / / / / / /	7. CIVIL STATUS	⊅ Single DWidowed	ZIP CODE	6000
S. CITIZENSHIP		DMarried DSeparated	18. TELEPHONE NO.	
9. HEIGHT (m) 10. WEIGHT (kg) 103 11. BLOOD TYPE O 20. TELEPHONE NO. 12. E-MAIL ADDRESS (if any) 14. PHILHEALTH NO. 15. SSS NO. 22. CELLPHONE NO. (if any) 23. EMPLOYEE ID NO. 14. SPOUSE'S SURNAME FIRST NAME MIDDLE NAME OCCUPATION EMPLOYER/BUS. NAME BUSINESS ADDRESS TELEPHONE NO. (Continue on separate sheet if necessary) CEBO CITY 6000 ZIP CODE 6000 Clarkeyovzzcqwe@grail corr Clarkeyovzzcqwe@grail corr DATE OF BIRTH (mm/dd/yyyy) // // // // // // // // // // // // /		DAnnulled DOthers, specify	19. PERMANENT ADDRESS	JM BASA ST
9. HEIGHT (m) 10. WEIGHT (kg) 103 11. BLOOD TYPE O 20. TELEPHONE NO. 12. GSIS ID NO. 21. E-MAIL ADDRESS (if any) 14. PHILHEALTH NO. 15. SSS NO. 22. CELLPHONE NO. (if any) 23. EMPLOYEE ID NO. 16. TIN 24. SPOUSE'S SURNAME FIRST NAME MIDDLE NAME OCCUPATION EMPLOYER/BUS. NAME BUSINESS ADDRESS TELEPHONE NO. (Continue on separate sheet if necessary) CEBALLOS 11. / 25 / 1974	8. CITIZENSHIP	FILIPINO		CEBLICITY
11. BLOOD TYPE O ZIP CODE 12. GSIS ID NO. 13. PAG-IBIG ID NO. 14. PHILHEALTH NO. 15. SSS NO. 16. TIN 17. FAMILY BACKGROUND 24. SPOUSE'S SURNAME FIRST NAME MIDDLE NAME MIDDLE NAME OCCUPATION EMPLOYER/BUS. NAME BUSINESS ADDRESS TELEPHONE NO. (Continue on separate sheet if necessary) 11. BLOOD TYPE 20. TELEPHONE NO. 21. E-MAIL ADDRESS (if any) Clarkieyowzxcqwe@grail.cor 09267164923 09267164923 DATE OF BIRTH (mm/dd/yyyy) // / // // // // // // // // // 26. FATHER'S SURNAME CEBALLOS 11. / 25. / 1974	9. HEIGHT (m)	1.676 m		OLDO OITT
12. GSIS ID NO. 13. PAG-IBIG ID NO. 14. PHILHEALTH NO. 15. SSS NO. 16. TIN 17. FAMILY BACKGROUND 21. E-MAIL ADDRESS (if any) 22. CELLPHONE NO. (if any) 23. EMPLOYEE ID NO. 18. FAMILY BACKGROUND 24. SPOUSE'S SURNAME FIRST NAME MIDDLE NAME OCCUPATION EMPLOYER/BUS. NAME BUSINESS ADDRESS TELEPHONE NO. (Continue on separate sheet if necessary) (Continue on separate sheet if necessary) CEBALLOS 11. /25 /1974	10. WEIGHT (kg)	103		
13. PAG-IBIG ID NO. 14. PHILHEALTH NO. 15. SSS NO. 16. TIN 17. FAMILY BACKGROUND 21. E-MAIL ADDRESS (if any) 22. CELLPHONE NO. (if any) 23. EMPLOYEE ID NO. 18. FAMILY BACKGROUND 24. SPOUSE'S SURNAME FIRST NAME MIDDLE NAME OCCUPATION EMPLOYER/BUS. NAME BUSINESS ADDRESS TELEPHONE NO. (Continue on separate sheet if necessary) (Continue on separate sheet if necessary) CEBALLOS 11. / 25. / 1974	11. BLOOD TYPE	0	ZIP CODE	6000
14. PHILHEALTH NO. 15. SSS NO. 16. TIN 21. EMPLOYEE ID NO. 18. FAMILY BACKGROUND 24. SPOUSE'S SURNAME FIRST NAME MIDDLE NAME MIDDLE NAME OCCUPATION EMPLOYER/BUS. NAME BUSINESS ADDRESS TELEPHONE NO. (Continue on separate sheet if necessary) (Continue on separate sheet if necessary) Ciarkieyowzxcqwe@gmail.com 09267164923 DATE OF BIRTH (mm/dd/yyyy) / / // // // // // // // // // // // /	12. GSIS ID NO.		20. TELEPHONE NO.	
14. PHILHEALTH NO. 15. SSS NO. 16. TIN 22. CELLPHONE NO. (if any) 23. EMPLOYEE ID NO. 11. FAMILY BACKGROUND 24. SPOUSE'S SURNAME FIRST NAME MIDDLE NAME OCCUPATION EMPLOYER/BUS. NAME BUSINESS ADDRESS TELEPHONE NO. (Continue on separate sheet if necessary) CEBALLOS 11. / 25. / 1974	13. PAG-IBIG ID NO.		21. E-MAIL ADDRESS (if any)	clarkievowzycowe@omeil.com
16. TIN 23. EMPLOYEE ID NO. 11. FAMILY BACKGROUND 24. SPOUSE'S SURNAME FIRST NAME MIDDLE NAME MIDDLE NAME OCCUPATION EMPLOYER/BUS. NAME BUSINESS ADDRESS TELEPHONE NO. (Continue on separate sheet if necessary) (Continue on separate sheet if necessary) 26. FATHER'S SURNAME CEBALLOS 11 / 25 / 1974	14. PHILHEALTH NO.			Clarkleyowz.xcqwe@griaii.com
II. FAMILY BACKGROUND 24. SPOUSE'S SURNAME FIRST NAME MIDDLE NAME OCCUPATION EMPLOYER/BUS. NAME BUSINESS ADDRESS TELEPHONE NO. (Continue on separate sheet if necessary) CEBALLOS 11 / 25 / 1974	15. SSS NO.		22. CELLPHONE NO. (if any)	09267164923
24. SPOUSE'S SURNAME FIRST NAME MIDDLE NAME OCCUPATION EMPLOYER/BUS. NAME BUSINESS ADDRESS TELEPHONE NO. (Continue on separate sheet if necessary) CEBALLOS DATE OF BIRTH (mm/dd/yyyy) / / // // 25 / 1974	16. TIN		23. EMPLOYEE ID NO.	
FIRST NAME MIDDLE NAME OCCUPATION EMPLOYER/BUS. NAME BUSINESS ADDRESS TELEPHONE NO. (Continue on separate sheet if necessary) CEBALLOS (mm/dd/yyyy) / / // I / 25 / 1974	II. FAMILY BACKGROUN	ID		
MIDDLE NAME MIDDLE NAME OCCUPATION EMPLOYER/BUS. NAME BUSINESS ADDRESS TELEPHONE NO. (Continue on separate sheet if necessary) CEBALLOS 11 / 25 / 1974	24. SPOUSE'S SURNAME		_	DATE OF BIRTH
OCCUPATION EMPLOYER/BUS. NAME BUSINESS ADDRESS / / TELEPHONE NO. (Continue on separate sheet if necessary) CEBALLOS 11 / 25 / 1974	FIRST NAME			(mm/dd/yyyy)
EMPLOYER/BUS. NAME BUSINESS ADDRESS / / TELEPHONE NO. (Continue on separate sheet if necessary) CEBALLOS 11 / 25 / 1974	MIDDLE NAME			/ /
BUSINESS ADDRESS / / TELEPHONE NO. / / (Continue on separate sheet if necessary) / / 26. FATHER'S SURNAME CEBALLOS 11 / 25 / 1974	OCCUPATION			/ /
TELEPHONE NO. / / (Continue on separate sheet if necessary) / / 26. FATHER'S SURNAME CEBALLOS 11 / 25 / 1974	EMPLOYER/BUS. NAME			/ /
(Continue on separate sheet if necessary) 26. FATHER'S SURNAME CEBALLOS 11 / 25 / 1974	BUSINESS ADDRESS			/ /
26. FATHER'S SURNAME CEBALLOS 11 / 25 / 1974	TELEPHONE NO.			/ /
025/1200		(Continue on separate sheet if necessary)		/ /
ADCHII ALIQ	26. FATHER'S SURNAME	CEBALLOS		11 / 25 / 1974
FIRST NAME AND ILAOS	FIRST NAME	ARCHILAUS	2	/ /
MIDDLE NAME LENDIO / /	MIDDLE NAME	LENDIO		/ /
27. MOTHER'S MAIDEN NAME / /	27. MOTHER'S MAIDEN NAME		*	/ /
SURNAME SANCHEZ 04 /21 /1976	SURNAME	SANCHEZ		04 /21 /1976
FIRST NAME MAUREEN / /	FIRST NAME	MAUREEN		/ /
MIDDLE NAME YBURAN / /	MIDDLE NAME	YBURAN		/ /
25. NAME OF CHILD / /		25. NAME OF CHILD		/ /
(Write full name and list all)				/ /
CLARK LOUISE S. CEBALLOS 10 /16 /1996			-	
SEAN ARCHILAUS S. CEBALLOS 11 / 25 /1997 CHARLES NICHOLAS S. CEBALLOS 09 / 17 / 2002				
		·- / - · / 2000		
/ /				/ /

37 a. Have you ever been formally o	If YES, give	PNO details					
b. Have you ever been guilty of a	Dyes If YES, give	Ď _{NO} details					
38. Have you ever been convicted of any	y crime or violation of any	aw, decre	e, Dyes	Ďио			
ordinance or regulation by any court or	If YES, give						
39. Have you ever been separated from the retirement, dropped from the rolls, dismissa contract, AWOL or phased out, in the public	If YES, give	р́no details					
40. Have you ever been a candidate in a	national or local election (excent	Dyes	Ďνο			
Barangay election)?	If YES, give						
41. Pursuant to: (a) Indigenouse People's Act (RA 837 and Solo Parents Welfare Act 2000 (RA 8972), please		ersons (RA 7	277);				
a. Are you a member of any indigenous	DYES If YES, give	No please specify:					
b. Are differently abled?				Dyes / DNO			
c. Are you a solo parent?	DYES	If YES, give please specify: DYES					
42. REFERENCES (Person not related by consanguinity or affinity to applicant/appointee)							
NAME	ADI	DRESS		TEL NO.			
42 EMPLOYMENT DECORD (latest)							
43. EMPLOYMENT RECORD (latest) COMPANY NAME	POSITION	Τ	FROM	то			
COMPANTIVAL	FOSITION		TROW	10			
44. I declare under oath that this Persona correct and complete statement pursuant the Rep I also authorize the agency head/ authorized the contents stated herein. I trust that this i	to the provisions of pertinent ublic of the Philippines. d representative to verify/ val	laws, rules		ID picture taken within the last 6 months 3.5 cm. X 4.5 cm (passport size)			
COMMUNITY TAX CERTIFICATE	NO.			Computer generated or xerox copy of picture is not acceptable			
/ / RIGHT THUI				4			
ISSUED ON (mm/dd/yyyy) IN CASE OF EMERGENCY: Please Contact: MAUREEN S. CE Contact Number: 09286333707			CC	(Sign in the box)			
Relation: MOTHER				DATE ACCOMPLISHED			
			JUNE 24	1, 2020			