

EMPLOYEE PERSONAL DATA SHEET

5. PLACE OF BIRTH	Print legibly. Mark appropriate bo								
MIDDLE NAME	I. PERSONAL INFORMA	TION		Team Lead:					
MIDDLE NAME	2. SURNAME	GUELAN							
4. ADTE OF BIRTH (mm/dd/yyyy) 5. PLACE OF BIRTH (mm/dd/yyyy) 5. PLACE OF BIRTH (mm/dd/yyyy) 6. SEX D Male D Female 7. CIVIL STATUS D Single DWidowed DMarried Desparated DAnnulled DOthers, specify FILIPINO 9. HEIGHT (m) 5'1 10. WEIGHT (kg) 11. BLOOD TYPE B+ 12. CSIS ID NO. na 20. TELEPHONE NO. 1670-0089-5096 13. PAG-BIRG ID NO. 16. TIN 291-958-307-000 21. E-MAIL ADDRESS (if any) 14. PILILEALTH NO. 15. SS NO. 06-2209456-2 22. CELLPHONE NO. 16. TIN 291-958-307-000 21. FAMILY BACKGROUND 24. SPOUSE'S SURNAME FIRST NAME MIDDLE NAME MIDDLE NAME FIRST NAME	FIRST NAME	ANGELIÇA							
S. PLACE OF BIRTH	MIDDLE NAME	GARCIA		3. NAME EXTENSION (e.g. Jr., Sr.)					
S. PLACE OF BIRTH	4. DATE OF BIRTH (mm/dd/yy	TE OF BIRTH (mm/dd/yyyy) 01 / 20		17. RESIDENTIAL ADDRESS	1611 SITIO LITTLE BAGUI				
2. CIVIL STATUS	5. PLACE OF BIRTH	ESTANCIA, MA	NDAUE CITY						
DAMFRIED	6. SEX	D Male Ø Femal	e						
DANIELLE DISSIPLE DANIELLE DISSIPLE DISSIPLE DANIELLE DISSIPLE DISSIPLE DANIELLE DISSIPLE DISSIPLE DISSIPLE DANIELLE DISSIPLE DI	7. CIVIL STATUS	Single DWido	wed	ZIP CODE	6000				
COGON PARDO, CEBU CITY		DMarried DSeparated		18. TELEPHONE NO.	8886340				
S. CITIZENSHIP FILIPINO S-11		DAnnulled DOthers, specify		19. PERMANENT ADDRESS	1611 SITIO LITTLE BAGUI				
10. WEIGHT (kg) 52LB 11. BLOOD TYPE B+ ZIP CODE 12. GSIS ID NO. n/a 20. TELEPHONE NO. 8886340 13. PAG-IBIG ID NO. 1670-0089-5096 21. E-MAIL ADDRESS (if any) angelguelan2083@gmail.com 14. PHILHEALTH NO. 12-050624976-2 22. CELLPHONE NO. (if any) 291-958-307-000 23. EMPLOYEE ID NO. 11. FAMILY BACKGROUND 24. SPOUSE'S SURNAME FIRST NAME MIDDLE NAME OCCUPATION	8. CITIZENSHIP	FILIPINO			CEBU CITY				
11.BLOOD TYPE	9. HEIGHT (m)	5'1							
12. GSIS ID NO. n/a 20. TELEPHONE NO. 8886340 13. PAG-IBIG ID NO. 1670-0089-5096 21. E-MAIL ADDRESS (If any) angelguelan2083@gmail.com 14. PHILHEALTH NO. 12-050624976-2 22. CELLPHONE NO. (If any) 09437448120 15. SSS NO. 06-2209456-2 22. CELLPHONE NO. (If any) 09437448120 16. TIN 291-958-307-000 23. EMPLOYEE ID NO. 11. FAMILLY BACKGROUND	10. WEIGHT (kg)	52LB							
13. PAG-IBIG ID NO. 1670-0089-5096 21. E-MAIL ADDRESS (if any) angelguelan2083@gmail.com 15. SSS NO. 06-2209456-2 22. CELLPHONE NO. (if any) 09437448120 31. E-MAIL ADDRESS (if any) angelguelan2083@gmail.com 09437448120 31. E-MAIL ADDRESS (if any) 0943748120 31. E-MAIL ADDRESS (if any) 09437448120 31. E-MAIL ADDRESS (if any)	11. BLOOD TYPE	B+		ZIP CODE	6000				
14. PHILHEALTH NO. 12-050624976-2 22. CELLPHONE NO. (if any) 29. SSS NO. 06-2209456-2 22. CELLPHONE NO. (if any) 29. SSS NO. 09437448120 09437448120 29. SSS NO. 291-958-307-000 23. EMPLOYEE ID NO.	12. GSIS ID NO.	n/a		20. TELEPHONE NO.	8886340				
15. SSS NO. 06-2209456-2 22. CELLPHONE NO. (if any) 291-958-307-000 23. EMPLOYEE ID NO. II. FAMILY BACKGROUND	13. PAG-IBIG ID NO.	1670-0089-5	096	21. E-MAIL ADDRESS (if any)					
16. TIN 291-958-307-000 23. EMPLOYEE ID NO. II. FAMILY BACKGROUND	14. PHILHEALTH NO.	12-05062497	6-2		angelguelan2083@gmail.com				
16. TIN 291-958-307-000 23. EMPLOYEE ID NO.	15. SSS NO.	06-2209456	-2	22. CELLPHONE NO. (if any)	09437448120				
II. FAMILY BACKGROUND	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) 7 / / 26. FATHER'S SURNAME FIRST NAME MIDDLE NAME MIDDLE NAME SURNAME SURNAME FIRST NAME ANASTACIO INOT 7 / / 27. MOTHER'S MAIDEN NAME SURNAME FIRST NAME ANITA ANITA ANITA MIDDLE NAME ANITA ALEGADA 25. NAME OF CHILD (Write full name and list all) JOHN LAWRENCE G. MENCHAVEZ 10 / 06 / 2008 PIERRE CARLO G. MENCHAVEZ 04 / 13 / 2010	II. FAMILY BACKGROUN	ND							
Continue on separate sheet if necessary)				_	DATE OF BIRTH				
MIDDLE NAME									
CCCUPATION					/ /				
BUSINESS ADDRESS					/ /				
TELEPHONE NO.	EMPLOYER/BUS. NAME				/ /				
(Continue on separate sheet if necessary) 26. FATHER'S SURNAME FIRST NAME MIDDLE NAME OF ANASTACIO INOT 1NOT 27. MOTHER'S MAIDEN NAME SURNAME FIRST NAME ANITA ANITA MIDDLE NAME 25. NAME OF CHILD (Write full name and list all) JOHN LAWRENCE G. MENCHAVEZ PIERRE CARLO G. MENCHAVEZ (deceased) 06 / 25 / 1957 / / // // // // // // // // // // // /	BUSINESS ADDRESS				/ /				
26. FATHER'S SURNAME FIRST NAME MIDDLE NAME SURNAME FIRST NAME FIRST NAME MIDDLE NAME GARCIA ANITA ANITA ALEGADA 25. NAME OF CHILD (Write full name and list all) JOHN LAWRENCE G. MENCHAVEZ PIERRE CARLO G. MENCHAVEZ GARCIA (deceased) 06 / 25 / 1957 / / // // // // // // // // // // // /	TELEPHONE NO.				/ /				
26. FATHER'S SURNAME FIRST NAME MIDDLE NAME SURNAME FIRST NAME FIRST NAME MIDDLE NAME GARCIA ANITA ANITA ALEGADA 25. NAME OF CHILD (Write full name and list all) JOHN LAWRENCE G. MENCHAVEZ PIERRE CARLO G. MENCHAVEZ GARCIA (deceased) 06 / 25 / 1957 / / // // // // // // // // // // // /		(Continue on	separate sheet if necessary)	/ /					
NOT	26. FATHER'S SURNAME	GUELAN	(dece	ased)	06 / 25 / 1957				
NIDDLE NAME	FIRST NAME	ANASTACIO		/ /					
27. MOTHER'S MAIDEN NAME SURNAME FIRST NAME MIDDLE NAME ALEGADA 25. NAME OF CHILD (Write full name and list all) JOHN LAWRENCE G. MENCHAVEZ PIERRE CARLO G. MENCHAVEZ (Werner of the content of		INOT		/ /					
SURNAME GARCIA (deceased) 05 / 10 / FIRST NAME ANITA / / MIDDLE NAME ALEGADA / / 25. NAME OF CHILD / / (Write full name and list all) / / JOHN LAWRENCE G. MENCHAVEZ 10 / 06 / 2008 PIERRE CARLO G. MENCHAVEZ 04 / 13 / 2010					/ /				
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25. NAME OF CHILD (Write full name and list all) JOHN LAWRENCE G. MENCHAVEZ PIERRE CARLO G. MENCHAVEZ 04 / 13 / 2010	FIRST NAME	ANITA			/ /				
(Write full name and list all)	MIDDLE NAME	ALEGADA		/ /					
JOHN LAWRENCE G. MENCHAVEZ 10 / 06 / 2008 PIERRE CARLO G. MENCHAVEZ 04 / 13 / 2010		25.	NAME OF CHILD		/ /				
PIERRE CARLO G. MENCHAVEZ 04 / 13 / 2010		/ /							
0.7	JOHN LAWRENCE G. MENC	10 / 06 / 2008							
CLOUD ZIONE G. MENCHAVEZ 09 / 29 / 2015 / / / / / /		, , , , , ,							
	CLOUD ZIONE G. MENCHAV	/EZ			09 / 29 / 2015				
					/ /				
					/ /				

37 a. Have you ever been formally cl	harged?		Dyes DNO If YES, give details				
b. Have you ever been guilty of any administrative offense?					Dyes DNO If YES, give details		
38. Have you ever been convicted of any	crime or violatio	n of any la	aw decre	e, Dyes			
38. Have you ever been convicted of any crime or violation of any law, decree, ordinance or regulation by any court or tribunal?					If YES, give details		
39. Have you ever been separated from the service in any 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 DNO If YES, give details RESIGNATION		
40. Have you ever been a candidate in a national or local election (except Barangay election)?					Dyes DNO If YES, give details		
41. Pursuant to: (a) Indigenouse People's Act (RA 83710; (b) Magna Carta for Disabled Persons (RA 7277); and Solo Parents Welfare Act 2000 (RA 8972), please answer the following items:							
a. Are you a member of any indigenous group? b. Are differently abled?					Dyes DNO If YES, give please specify: Dyes DNO		
c. Are you a solo parent?	Dyes	If YES, give please specify: Dyes					
42. REFERENCES (Person not related by consang	guinity or affinity to app	plicant/appoi	intee)	1	. ,		
NAME		ADD	RESS		TEL NO.		
KEVIN NOQUIAO	CEBU CITY				09195440630		
ANGELICA MAE MALINAO	HIPPODROMO, CE	BU CITY			09662190595		
CARMI MITCH DE CASTRO	KATIPUNAN, LABA	NGON, CE	BU CITY		09503839539		
43. EMPLOYMENT RECORD (latest)							
COMPANY NAME	POSITIO	POSITION FR		FROM	TO		
FUSION BPO SERVICES, PHILS.	CSR		MAY 23,	2016	SEPT. 2018		
GLOBAL EMPIRE CORPORATION	CSR		FEB 22, 20	16	MAY 23, 2016		
FUNAI CEBU ELECTRIC, INC.	CIRCUIT ASSEMBLER AUG. (AUG. 01,	2007	FEB. 18, 2016		
44. 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. ISSUED AT					Computer generated or xerox copy of picture is not acceptable		
/ / ISSUED ON (mm/dd/yyyy)			RIGHT	THUMBMARK			
IN CASE OF EMERGENCY: Please Contact: JOHN REIL MENCHAVE	=7			Gm	ulh.		
riease Contact.	- -			SIGNATUR	(Sign in the box)		
Contact Number: 09674331922			þ		3-2020		
Relation: LIVE-IN PARTNER			ŀ	DATE A	CCOMPLISHED		