

EMPLOYEE PERSONAL DATA SHEET

| Print legibly. Mark appropriate bo | exes D with "/" and use separate sheet if necessary. | Schedule: | |
|------------------------------------|--|--------------------------------|--|
| I. PERSONAL INFORMA | TION | Team Lead: | |
| 2. SURNAME | Demegilio | | |
| FIRST NAME | Joemar | | |
| MIDDLE NAME | Sun | 3. NAME EXTENSION (e.g. Jr., S | r.) |
| 4. DATE OF BIRTH (mm/dd/yy) | _(y) 12/ 22/96 | 17. RESIDENTIAL ADDRESS | Lower bacayan, |
| 5. PLACE OF BIRTH | Cadiz City, Negros Occidental | | Bacayan, Cebu City |
| 6. SEX | Ď Male D Female | | |
| 7. CIVIL STATUS | Ď Single DWidowed | ZIP CODE | 6000 |
| | DMarried DSeparated | 18. TELEPHONE NO. | 09295891091 |
| | DAnnulled DOthers, specify | 19. PERMANENT ADDRESS | Brgy. Banquerohan, Cadiz City, Negros |
| 8. CITIZENSHIP | Filipino | | Occidental |
| 9. HEIGHT (m) | 1.77m | | |
| 10. WEIGHT (kg) | 62kg | | |
| 11. BLOOD TYPE | 0 | ZIP CODE | 6121 |
| 12. GSIS ID NO. | | 20. TELEPHONE NO. | |
| 13. PAG-IBIG ID NO. | 12119698368 | 21. E-MAIL ADDRESS (if any) | jdemegilio0703@gmail.com |
| 14. PHILHEALTH NO. | 120255888671 | | |
| 15. SSS NO. | 0729104504 | 22. CELLPHONE NO. (if any) | 09296891091 |
| 16. TIN | 338170967 | 23. EMPLOYEE ID NO. | |
| II. FAMILY BACKGROUN | ID | | |
| 24. SPOUSE'S SURNAME | | | DATE OF BIRTH |
| FIRST NAME | | | (mm/dd/yyyy) |
| MIDDLE NAME | | | / / |
| OCCUPATION | | | / / |
| EMPLOYER/BUS. NAME | | | / / |
| BUSINESS ADDRESS | | | / / |
| TELEPHONE NO. | | | / / |
| | / / | | |
| 26. FATHER'S SURNAME | Demegilio | | 02/ 25 / 1979 |
| FIRST NAME | JoeCesar | | / / |
| MIDDLE NAME | Jorquin | | / / |
| 27. MOTHER'S MAIDEN NAME | / / | | |
| SURNAME | Sun | | 08 / 09 / 1978 |
| FIRST NAME | Marlyn | | / / |
| MIDDLE NAME | Tupaz | | / / |
| | 25. NAME OF CHILD | | / / |
| | (Write full name and list all) | | / / |
| | | | / / |
| | | | // |
| | | | / / |
| | | | / / |
| | | | / / |

| 37 a. Have you ever been formally charged? | | | | Dyes Øno | | |
|---|--------------------------------------|---|-----|---|--|--|
| b. Have you ever been guilty of any administrative offense? | | | | If YES, give details ——————————————————————————————————— | | |
| 20 Hove you ever been convicted of an | verime or violation of any le | uu doore |) D | D | | |
| andinance or resulation by one security and in 12 | | | | Dyes DNO If YES, give details | | |
| retirement, dropped from the rolls, dismissal termination, and of term, finished | | | | DYES DNO If YES, give details | | |
| 40. Have you ever been a candidate in a Barangay election)? | Dyes If YES, give | Dyes DNO If YES, give details | | | | |
| 41. Pursuant to: (a) Indigenouse People's Act (RA 837 and Solo Parents Welfare Act 2000 (RA 8972), please | (277); | | | | | |
| b. Are differently abled? c. Are you a solo parent? | | | | DYES DNO If YES, give please specify: DYES DNO If YES, give please specify: DYES DNO If YES give please specify: | | |
| If YES, give please specify: | | | | | | |
| 42. REFERENCES (Person not related by consang | | TEL NO | | | | |
| NAME Elona Jane Alvior | | RESS | | TEL NO. 09196975590 | | |
| Niel James Bacacero | Bacayan, Cebu City Pit-os, Cebu City | | | 09352244473 | | |
| Daniel Depalubos Liloan, Cebu | | | | 09301818879 | | |
| 43. EMPLOYMENT RECORD (latest) | | | | | | |
| COMPANY NAME | POSITION | N FROM | | ТО | | |
| Convergys | TSR | 09/2017 | | 03/2019 | | |
| Sykes Asia | TSR | 04/2019 | | 02/2020 | | |
| TDCX | CSR | 02/2020 | | 05/2020 | | |
| | | | | | | |
| 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: Marlyn Demegilio Contact Number: 09078608549 Relation: Mother | | O7/02/2020 SIGNATURE (Sign in the box) DATE ACCOMPLISHED | | | | |
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