

EMPLOYEE PERSONAL DATA SHEET

Print legibly. Mark appropriate boxes D with "/" and use separate sheet if necessary. Schedu			Schedule:	:	
I. PERSONAL INFORMA	ATION		Team Lead:	N/A	
2. SURNAME	M A DD Ų I	М.А		0 0 0 0 0	
FIRST NAME		R _D N E _D S T _D O _D			
MIDDLE NAME	DELA ROSA		Sr.)		
4. DATE OF BIRTH (mm/dd/yy	. DATE OF BIRTH (mm/dd/yyyy) 10/ 29 / 1997 . PLACE OF BIRTH TUMAUINI, ISABELA		17. RESIDENTIAL ADDRESS	361 SAINT PAUL ST. HIPODROMO CEBU	
5. PLACE OF BIRTH				CITY	
6. SEX	Ø Male D Female				
7. CIVIL STATUS	ర Single DWidowed		ZIP CODE	6000	
	DMarried DSeparated		18. TELEPHONE NO.	N/A	
	DAnnulled DOthers, specify		19. PERMANENT ADDRESS	J AND L BLDG JUAN LUNA AVE. MABOLO	
8. CITIZENSHIP	FILIPINO			CEBU CITY	
9. HEIGHT (m)	1.72				
10. WEIGHT (kg)	78				
11. BLOOD TYPE	0		ZIP CODE	6000	
12. GSIS ID NO.	N/A		20. TELEPHONE NO.	N/A	
13. PAG-IBIG ID NO.	1212205565	508	21. E-MAIL ADDRESS (if any)	johnernestomadduma@gmail.c	
14. PHILHEALTH NO.	0602-5337-4	1198			
15. SSS NO.	06-4079698	-1	22. CELLPHONE NO. (if any)	09434226429	
16. TIN	336-848-434	1-000	23. EMPLOYEE ID NO.	N/A	
II. FAMILY BACKGROU	ND				
24. SPOUSE'S SURNAME				DATE OF BIRTH	
FIRST NAME				(mm/dd/yyyy)	
MIDDLE NAME				/ /	
OCCUPATION				/ /	
EMPLOYER/BUS. NAME				/ /	
BUSINESS ADDRESS				/ /	
TELEPHONE NO.				/ /	
	(Continue on	separate sheet if necessary)		/ /	
26. FATHER'S SURNAME	MADDUMA			12 / 08 / 1966	
FIRST NAME	REMERICO		/ /		
MIDDLE NAME	GARDON		/ /		
27. MOTHER'S MAIDEN NAM	E			/ /	
SURNAME	DELA ROSA	4	11 / 18 / 1965		
FIRST NAME	DOLORES		/ /		
MIDDLE NAME	BERNARDO)	/ /		
	25	. NAME OF CHILD		/ /	
	/ /				
				/ /	
				/ /	
				/ /	
				//	
				/ /	

37 a. Have you ever been formally cl	DYES If YES, give	Dyes DNO If YES, give details					
b. Have you ever been guilty of a	Dyes If YES, give	Dyes Øno If YES, give details					
38. Have you ever been convicted of any	Dyres	••••••••••••••••••••••••••••••••••••••					
ordinance or regulation by any court or		If YES, give details					
39. Have you ever been separated from the retirement, dropped from the rolls, dismissa contract, AWOL or phased out, in the public	1 2 . 2 3	Dyes Øno If YES, give details ————					
40. Have you ever been a candidate in a Barangay election)?	Dyes If YES, give	Dyes Øno If YES, give details					
41. Pursuant to: (a) Indigenouse People's Act (RA 837 and Solo Parents Welfare Act 2000 (RA 8972), please	7);						
a. Are you a member of any indigenous		If YES, give please specify:					
b. Are differently abled?				Dyes Øno			
c. Are you a solo parent?			Dyes	If YES, give please specify: Dyes Øno			
			If YES, give	please specify:			
42. REFERENCES (Person not related by consang	guinity or affinity to applicant/appoi	ntee)		· · · · · · · · · · · · · · · · · · ·			
NAME	ı						
EZRA KIAMCO	HIPODROMO, CEBU CI	TY					
42 FAMILOVAMENT DECORD (Intent)							
43. EMPLOYMENT RECORD (latest) COMPANY NAME	FROM	то					
TELEPERFORMANCE	POSITION TECHNICAL SUPPORT			MAY 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 i	nformation shall remain confi	dential.	1				
COMMUNITY TAX CERTIFICATE							
ISSUED AT / /	IUMBMARK	***					
ISSUED ON (mm/dd/yyyy)							
IN CASE OF EMERGENCY: Please Contact: JOHN ERICK D. MADD Contact Number: 09331556968 Relation: BROTHER	DATE A	SIGNATURE (Sign in the box) DATE ACCOMPLISHED 07/05/2020					
•							