



EMPLOYEE PERSONAL DATA SHEET

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

Schedule: _____

I. PERSONAL INFORMATION

Team Lead: _____

2. SURNAME	Bauntad		
FIRST NAME	Charl Matthew		
MIDDLE NAME	Morfe	3. NAME EXTENSION (e.g. Jr., Sr.)	
4. DATE OF BIRTH (mm/dd/yyyy)	April /23 /1995	17. RESIDENTIAL ADDRESS	Block 5 Lot 14-B Lorega San Miguel Cebu City
5. PLACE OF BIRTH	Cebu City	ZIP CODE	6000
6. SEX	<input checked="" type="radio"/> Male <input type="radio"/> Female	18. TELEPHONE NO.	
7. CIVIL STATUS	<input checked="" type="radio"/> Single <input type="radio"/> Widowed <input type="radio"/> Married <input type="radio"/> Separated <input type="radio"/> Annulled <input type="radio"/> Others, specify _____	19. PERMANENT ADDRESS	1228 PC Hills Apas Cebu City
8. CITIZENSHIP	Filipino	ZIP CODE	6000
9. HEIGHT (m)	5'7	20. TELEPHONE NO.	
10. WEIGHT (kg)	65 kgs	21. E-MAIL ADDRESS (if any)	bauntadcharlmatthew@gmail.com
11. BLOOD TYPE	B	22. CELLPHONE NO. (if any)	09981966818
12. GSIS ID NO.		23. EMPLOYEE ID NO.	
13. PAG-IBIG ID NO.	12115994259		
14. PHILHEALTH NO.	12-051249195-8		
15. SSS NO.	0634394535		
16. TIN	317926305000		

II. FAMILY BACKGROUND

24. SPOUSE'S SURNAME		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	Bauntad	DATE OF BIRTH	06 / 17 / 1972
FIRST NAME	Charlie	/ /	
MIDDLE NAME	Mejala	/ /	
27. MOTHER'S MAIDEN NAME		/ /	
SURNAME	Morfe	DATE OF BIRTH	08 / 08 / 1973
FIRST NAME	Marydel Leonor	/ /	
MIDDLE NAME	Balen	/ /	
25. NAME OF CHILD (Write full name and list all)		/ /	
Chloe Gaelle Bauntad		DATE OF BIRTH	08 / 24 / 2018
		/ /	
		/ /	
		/ /	
		/ /	

37 a. Have you ever been formally charged?	DYES <input checked="" type="checkbox"/> NO
	If YES, give details _____
b. Have you ever been guilty of any administrative offense?	DYES <input checked="" type="checkbox"/> NO
	If YES, give details _____
38. Have you ever been convicted of any crime or violation of any law, decree, ordinance or regulation by any court or tribunal?	DYES <input checked="" type="checkbox"/> NO 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?	<input checked="" type="checkbox"/> DYES DNO If YES, give details Resignation from previous company _____
40. Have you ever been a candidate in a national or local election (except Barangay election)?	DYES <input checked="" type="checkbox"/> NO 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?	DYES <input checked="" type="checkbox"/> NO If YES, give please specify: _____
b. Are differently abled?	DYES <input checked="" type="checkbox"/> NO If YES, give please specify: _____
c. Are you a solo parent?	DYES <input checked="" type="checkbox"/> NO If YES, give please specify: _____

42. REFERENCES (Person not related by consanguinity or affinity to applicant/appointee)

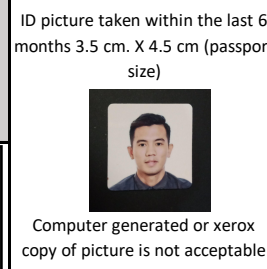
NAME	ADDRESS	TEL NO.
Patrick Zulieta	Deca 5 Lapu2 City	09157013331
Arnel Sayaman	Jones Ave. Cebu City	
Sean Dave Alemana	Cabreros Mambaling Cebu City	09771050326

43. EMPLOYMENT RECORD (latest)

COMPANY NAME	POSITION	FROM	TO
Concentrix	CSR	October 2018	November 2019

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.

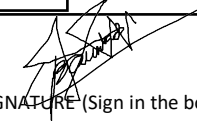
I also authorize the agency head/ authorized representative to verify/ validate the contents stated herein. I trust that this information shall remain confidential.



COMMUNITY TAX CERTIFICATE NO.
ISSUED AT
/ /
ISSUED ON (mm/dd/yyyy)

RIGHT THUMBMARK

IN CASE OF EMERGENCY:
 Please Contact: Marydel Leonor Bantad
 Contact Number: 09215233846
 Relation: Mother


 SIGNATURE (Sign in the box)

 DATE ACCOMPLISHED
 July 11, 2020