



# 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	Lacaba	3. NAME EXTENSION (e.g. Jr., Sr.)	
FIRST NAME	Mia Jamica Kesineth	17. RESIDENTIAL ADDRESS	
MIDDLE NAME		Sitio Manol, Guaca Apt., Tisa Cebu City	
4. DATE OF BIRTH (mm/dd/yyyy)	10 / 26 / 1999	ZIP CODE	
5. PLACE OF BIRTH	Sitio Mangga Tisa Cebu City	6000	
6. SEX	D Male <input checked="" type="checkbox"/> Female	18. TELEPHONE NO.	
7. CIVIL STATUS	<input checked="" type="checkbox"/> Single DWidowed DMarried DSeparated DAnnulled DOthers, specify _____	19. PERMANENT ADDRESS	
8. CITIZENSHIP	Filipino	Sitio Mangga Tisa Cebu City	
9. HEIGHT (m)	5'5	ZIP CODE	
10. WEIGHT (kg)	68 kg	6000	
11. BLOOD TYPE		20. TELEPHONE NO.	
12. GSIS ID NO.		21. E-MAIL ADDRESS (if any)	
13. PAG-IBIG ID NO.	121246376723	mialacaba26@ gmail.com	
14. PHILHEALTH NO.	120257986727	22. CELLPHONE NO. (if any)	
15. SSS NO.		0945599724	
16. TIN		23. EMPLOYEE ID NO.	

## 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	Guaca	01 / 31 / 1980
FIRST NAME	Alwin Ian	/ /
MIDDLE NAME	Oyao	/ /
27. MOTHER'S MAIDEN NAME		/ /
SURNAME	Lacaba	03 / 03 / 1981
FIRST NAME	Janeth	/ /
MIDDLE NAME	Bentillo	/ /
25. NAME OF CHILD (Write full name and list all)		/ /
		/ /
		/ /
		/ /
		/ /
		/ /

37 a. Have you ever been formally charged?	DYES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
	If YES, give details _____ _____
b. Have you ever been guilty of any administrative offense?	DYES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
	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 type="checkbox"/> NO <input checked="" type="checkbox"/> 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 <input type="checkbox"/> NO <input checked="" type="checkbox"/> If YES, give details _____ _____
40. Have you ever been a candidate in a national or local election (except Barangay election)?	DYES <input type="checkbox"/> NO <input checked="" type="checkbox"/> 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 type="checkbox"/> NO <input checked="" type="checkbox"/> If YES, give please specify: _____
b. Are differently abled?	DYES <input type="checkbox"/> NO <input checked="" type="checkbox"/> If YES, give please specify: _____
c. Are you a solo parent?	DYES <input type="checkbox"/> NO <input checked="" type="checkbox"/> If YES, give please specify: _____

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

NAME	ADDRESS	TEL NO.
Aljaene April Faith O. Guaca	Sitio Manol Tisa Cebu City	0917597740
Algelie B. Alico	Sitio Mangga Tisa Cebu City	0922390977
Chona B. Alico	Sitio Mangga Tisa Cebu	0949345832

43. EMPLOYMENT RECORD (latest)

COMPANY NAME	POSITION	FROM	TO

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.

ID picture taken within the last 6 months 3.5 cm. X 4.5 cm (passport size)

Computer generated or xerox copy of picture is not acceptable

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

**IN CASE OF EMERGENCY:**  
 Please Contact: Wenita O. Guaca  
 Contact Number: 09225199771  
 Relation: Grandmother

*Cej*  
 SIGNATURE (Sign in the box)  
 JULY 8, 2020  
 DATE ACCOMPLISHED