

## EMPLOYEE PERSONAL DATA SHEET

| Print legibly. Mark appropriate boxes D with "/" and use separate sheet if necessary. |   | Schedule:                      |   |
|---|---|--------------------------------|---|
| I. PERSONAL INFORMATION Team Lea  |   |                                |   |
| 2. SURNAME  | P A J O                                   |                                |   |
| FIRST NAME  | E I V A N M A R I E                       |                                |   |
| MIDDLE NAME   | SILVIO                                    | 3. NAME EXTENSION (e.g. Jr., S | r.) N/A                                   |
| 4. DATE OF BIRTH (mm/dd/yyy   | y) 11 / 12 /1996                          | 17. RESIDENTIAL ADDRESS        | 112 SUNSET DRIVE EXT.<br>LAHUG, CEBU CITY |
| 5. PLACE OF BIRTH   | CALOOCAN CITY                             |                                | L'ulos, ceso el l                         |
| 6. SEX  | D Male <b>√</b> Ø Female                  |                                |   |
| 7. CIVIL STATUS   | <b>√</b> Single DWidowed                  | ZIP CODE                       | 6000                                      |
|   | DMarried DSeparated                       | 18. TELEPHONE NO.              |   |
|   | DAnnulled DOthers, specify                | 19. PERMANENT ADDRESS          | TRIANA, LIMASAWA,                         |
| 8. CITIZENSHIP  | FILIPINO                                  |                                | SOUTHERN LEYTE                            |
| 9. HEIGHT (m)   | 1.60 m                                    |                                |   |
| 10. WEIGHT (kg)   | 48 kg                                     |                                |   |
| 11. BLOOD TYPE  |   | ZIP CODE                       | 6618                                      |
| 12. GSIS ID NO.   | N/A                                       | 20. TELEPHONE NO.              |   |
| 13. PAG-IBIG ID NO.   | 121234079195                              | 21. E-MAIL ADDRESS (if any)    | eivanmariepajo22@gmail.com                |
| 14. PHILHEALTH NO.  | 120257552816                              |                                |   |
| 15. SSS NO.   | 34-7656252-2                              | 22. CELLPHONE NO. (if any)     | 09368538086                               |
| 16. TIN   | 721-942-045                               | 23. EMPLOYEE ID NO.            |   |
| II. FAMILY BACKGROUN  | ID  |                                |   |
| 24. SPOUSE'S SURNAME  | N/A                                       |                                | 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  | PAJO                                      |                                | 04 / 04 / 1970                            |
| FIRST NAME  | VICENTE                                   |                                | / /                                       |
| MIDDLE NAME   | PETRACORTA                                |                                | / /                                       |
| 27. MOTHER'S MAIDEN NAME  |   |                                | / /                                       |
| SURNAME   | SILVIO                                    |                                | 09 / 03 / 1973                            |
| FIRST NAME  | ERLINE                                    |                                | / /                                       |
| MIDDLE NAME   | BILLONES                                  |                                | / /                                       |
| 25. NAME OF CHILD   |   |                                | / /                                       |
| (Write full name and list all)  |   |                                | / /                                       |
|   | N/A                                       |                                | / /                                       |
|   |   |                                | / /                                       |
|   |   |                                | / /                                       |
|   |   |                                | / /                                       |
|   |   |                                | / /                                       |

| 37 a. Have you ever been formally charged?  |   |                                   |                              | Dyes <b>⊅</b> no   |  |  |
|---|---|-----------------------------------|------------------------------|--|--|--|
|   | If YES, give details                                |                                   |                              |  |  |  |
|   |   |                                   | , 0                          |  |  |  |
|   |   |                                   |                              |  |  |  |
| b. Have you ever been guilty of a   | Dyes Øno  |                                   |                              |  |  |  |
| b. Have you ever been guilty of a   | iny administrative offens                           | <b>c</b> :                        | If YES, give details         |  |  |  |
|   |   |                                   | if YES, give                 | uetalis  |  |  |
|   |   |                                   |                              |  |  |  |
|   |   |                                   |                              |  |  |  |
| 38. Have you ever been convicted of any   | Dyes  | ₩NO                               |                              |  |  |  |
| ordinance or regulation by any court or   | unbunar:  |                                   | If YES, give                 | details  |  |  |
|   |   |                                   |                              |  |  |  |
|   |   |                                   |                              |  |  |  |
| 39. Have you ever been separated from the   | <b>Ø</b> YES  | Dno                               |                              |  |  |  |
| retirement, dropped from the rolls, dismissa  | If YES, give  | If YES, give details              |                              |  |  |  |
| contract, AWOL or phased out, in the public   | RESIGNED DUE TO HEALTH PROBLEMS FROM THE FIRST JOB  |                                   |                              |  |  |  |
|   | END OF CONTRACT FROM A SEASONAL JOB IN RIPECONCEPTS |                                   |                              |  |  |  |
| 40. Have you ever been a candidate in a   | national or local election (e                       | except                            |                              | ïNO  |  |  |
| Barangay election)?   | (   |                                   | If YES, give                 | •  |  |  |
|   |   |                                   | ii ils, give                 | uetalis  |  |  |
|   |   |                                   |                              |  |  |  |
| 44 Durguent to (a) Indianana D. I. I. A. (2)  |   |                                   |                              |  |  |  |
| <ol> <li>Pursuant to: (a) Indigenouse People's Act (RA 837<br/>and Solo Parents Welfare Act 2000 (RA 8972), please</li> </ol> |   | ersons (RA /2//);                 |                              |  |  |  |
| ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,   |   |                                   |                              |  |  |  |
|   |   |                                   |                              |  |  |  |
| a. Are you a member of any indigenous   | s group?  |                                   | Dyes                         | ₽no  |  |  |
|   |   |                                   | If YES, give                 | please specify:  |  |  |
| b. Are differently abled?   |   |                                   |                              | <b>₽</b> NO  |  |  |
| ,   |   |                                   | If YES, give please specify: |  |  |  |
| c. Are you a solo parent?   |   |                                   | Dyes Øno                     |  |  |  |
| c. Are you a solo parent:   |   |                                   | If YES, give please specify: |  |  |  |
| 42 DEFEDENCES I   |   |                                   | if YES, give                 | please specify:  |  |  |
| 42. REFERENCES (Person not related by consang   | I   |                                   |                              | TELNIC   |  |  |
| NAME  |   | RESS                              |                              | TEL NO.  |  |  |
| LUISITO OCHEA   | TALISAY CEBU  |                                   |                              | 09168795451  |  |  |
| ROXANNE FAYE CASIO  | CEBU CITY   |                                   |                              | 09175166151  |  |  |
| AMOR ABANDO   | LIMASAWA, SOUTHERN                                  | LEYTE                             |                              | 09054681614  |  |  |
| 43. EMPLOYMENT RECORD (latest)  |   |                                   |                              |  |  |  |
| COMPANY NAME  | POSITION  | FROM                              |                              | TO   |  |  |
| RIPECONCEPTS, INC.  | PRODUCTION ASSOCIATE/<br>DESIGN ASSOCIATE           | OCTOBER                           | R 2019                       | APRIL 2020   |  |  |
|   |   |                                   |                              |  |  |  |
|   |   |                                   |                              |  |  |  |
|   |   |                                   |                              |  |  |  |
| 44. I declare under oath that this Persona  | l Data Sheet has been accomp                        | lished by me, a                   | ind is a true,               |  |  |  |
| correct and complete statement pursuant t   |   | aws, rules and                    | regulations of               |  |  |  |
| the Rep   | ublic of the Philippines.                           |                                   |                              | ID picture taken within the last 6 months 3.5 cm. X 4.5 cm (passport |  |  |
| Lalso authoriza the agency head/ authoriza  | d roprocontativo to varify/vali                     | data                              |                              | size)  |  |  |
| I also authorize the agency head/ authorized  |   |                                   |                              |  |  |  |
| the contents stated herein. I trust that this i   | nformation shall remain confidence                  | dential.                          |                              |  |  |  |
|   |   |                                   |                              |  |  |  |
| COMMUNITY TAX CERTIFICATE   |   | Computer generated or xerox       |                              |  |  |  |
|   |   | copy of picture is not acceptable |                              |  |  |  |
| ISSUED AT   |   |                                   |                              |  |  |  |
| / /   | ABNAADV   |                                   |                              |  |  |  |
| ISSUED ON (mm/dd/yyyy) RIGHT THUMBMARK  |   |                                   |                              |  |  |  |
| IN CASE OF EMERGENCY:   |   |                                   | <b></b>                      | ρ.i Π  |  |  |
| Please Contact:ERLINE SILVIO PAJO   |   | Right                             |                              |  |  |  |
| Contact Number:   |   |                                   |                              | (Sign in the box)  |  |  |
| Relation: MOTHER  | DATE AC   | CCOMPLISHED 07/09/2020            |                              |  |  |  |
|   |   |                                   |                              |  |  |  |
|   |   |                                   |                              |  |  |  |