



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?	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
	If YES, give details 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 (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.
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/ DESIGN ASSOCIATE	OCTOBER 2019	APRIL 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.

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.
ISSUED AT
/ /
ISSUED ON (mm/dd/yyyy)

RIGHT THUMBMARK

**IN CASE OF EMERGENCY:**  
 Please Contact: ERLINE SILVIO PAJO  
 Contact Number: 09550967277  
 Relation: MOTHER

*Erline Pajo*  
 SIGNATURE (Sign in the box)  
 DATE ACCOMPLISHED 07/09/2020