



# 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                    | ADOLFO   | 3. NAME EXTENSION (e.g. Jr., Sr.) |  | n/a  |
| FIRST NAME                    | HOPE   | 17. RESIDENTIAL ADDRESS           |  | 0253-B HIDDEN VALLEY<br>NIVEL HILLS, BUSAY,<br>CEBU CITY |
| MIDDLE NAME                   | ROSALES  | ZIP CODE                          |  | 60000  |
| 4. DATE OF BIRTH (mm/dd/yyyy) | APRIL / 13 / 1989  | 18. TELEPHONE NO.                 |  | N/A  |
| 5. PLACE OF BIRTH             | DULAG, LEYTE   | 19. PERMANENT ADDRESS             |  | BRGY. LUAN, DULAG,<br>LEYTE                              |
| 6. SEX                        | D Male <input type="checkbox"/> Female <input type="checkbox"/>  | ZIP CODE                          |  | 6505   |
| 7. CIVIL STATUS               | <input checked="" type="checkbox"/> Single <input type="checkbox"/> Widowed<br><input type="checkbox"/> Married <input type="checkbox"/> Separated<br><input type="checkbox"/> Annulled <input type="checkbox"/> Others, specify _____ | 20. TELEPHONE NO.                 |  | n/a  |
| 8. CITIZENSHIP                | FILIPINO   | 21. E-MAIL ADDRESS (if any)       |  | hopeadolfo13@gmail.com                                   |
| 9. HEIGHT (m)                 | 5'3  | 22. CELLPHONE NO. (if any)        |  | 0926-878-9376  |
| 10. WEIGHT (kg)               | 49.6   | 23. EMPLOYEE ID NO.               |  |  |
| 11. BLOOD TYPE                | N/A  |                                   |  |  |
| 12. GSIS ID NO.               | n/a  |                                   |  |  |
| 13. PAG-IBIG ID NO.           | 1211-6263-8098   |                                   |  |  |
| 14. PHILHEALTH NO.            | 130250978139   |                                   |  |  |
| 15. SSS NO.                   | 06-2908971-6   |                                   |  |  |
| 16. TIN                       | 431-399-348-000  |                                   |  |  |

## II. FAMILY BACKGROUND

|   |          |                               |
|---|----------|-------------------------------|
| 24. SPOUSE'S SURNAME                                |          | DATE OF BIRTH<br>(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                                | ADOLFO   | 03 / 02 / 1960                |
| FIRST NAME  | RODRIGO  | / /                           |
| MIDDLE NAME   | SENECIO  | / /                           |
| 27. MOTHER'S MAIDEN NAME                            |          | / /                           |
| SURNAME   | ROSALES  | 10 / 07 / 1951                |
| FIRST NAME  | ELENA    | / /                           |
| MIDDLE NAME   | CABOSURA | / /                           |
| 25. NAME OF CHILD<br>(Write full name and list all) |          | / /                           |
|   |          | / /                           |
|   |          | / /                           |
|   |          | / /                           |
|   |          | / /                           |
|   |          | / /                           |

|   |   |
|---|---|
| 37 a. Have you ever been formally charged?  | DYES      DNO<br>If YES, give details<br>_____      |
| b. Have you ever been guilty of any administrative offense?   | DYES      DNO<br>If YES, give details<br>_____      |
| 38. Have you ever been convicted of any crime or violation of any law, decree, ordinance or regulation by any court or tribunal?  | DYES      DNO<br>If YES, give details<br>_____      |
| 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      DNO<br>If YES, give details<br>_____      |
| 40. Have you ever been a candidate in a national or local election (except Barangay election)?  | DYES      DNO<br>If YES, give details<br>_____      |
| 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      DNO<br>If YES, give please specify: _____ |
| b. Are differently abled?   | DYES      DNO<br>If YES, give please specify: _____ |
| c. Are you a solo parent?   | DYES      DNO<br>If YES, give please specify: _____ |

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

| NAME           | ADDRESS                | TEL NO.       |
|----------------|------------------------|---------------|
| MARIA ELENA GO | SAN JOSE TACLOBAN CITY | 0917-306-1791 |
| JASON ARCILLAS | SAN REMIGIO ,CEBU CITY | 0947-345-5689 |
|                |                        |               |

**43. EMPLOYMENT RECORD** (latest)

| COMPANY NAME                    | POSITION         | FROM         | TO            |
|---------------------------------|------------------|--------------|---------------|
| TELETECH                        | CSR              | JAN.28, 2016 | DEC. 16, 2019 |
| BALICASAG IS.DIVE RESORT        | ACCOUNTING STAFF | OCT. 2012    | APRIL 2015    |
| SAN REMIGIO BEACH CLUB          | FRONT DESK CLERK | MARCH 2010   | JANUARY 2012  |
| PINO RESTAURANT TACLOBAN BRANCH | FOOD ATTENDANT   | MAY 2009     | AUGUST 2009   |

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.



|                               |  |
|-------------------------------|--|
| N/A                           |  |
| COMMUNITY TAX CERTIFICATE NO. |  |
| N/A                           |  |
| ISSUED AT                     |  |
| / N/A /                       |  |
| ISSUED ON (mm/dd/yyyy)        |  |

**IN CASE OF EMERGENCY:**

Please Contact: MARIA REINA R. ADOLFO

Contact Number: 0956-640-7923

Relation: SISTER

|                                 |
|---------------------------------|
| <br>SIGNATURE (Sign in the box) |
| JULY 09, 2020                   |
| DATE ACCOMPLISHED               |