

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"/> YES <input type="checkbox"/> NO If YES, give details I resigned from my previous company to take care of my mother when she got sick
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)

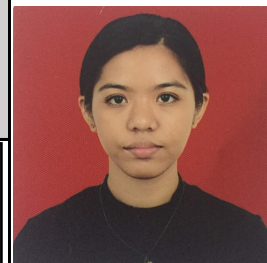
NAME	ADDRESS	TEL NO.
Lorraine Leonor	312 N Escario St. Purok 4, Lower Camputhaw	09985854195
Aaron Sagaoinit	Barangay Apas	09292527550

43. EMPLOYMENT RECORD (latest)

COMPANY NAME	POSITION	FROM	TO
EPERFORMAX	CSR	APRIL 2019	JANUARY 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.



<table border="1" style="width:100%; border-collapse: collapse;"> <tr><td style="background-color: #cccccc;">COMMUNITY TAX CERTIFICATE NO.</td></tr> <tr><td> </td></tr> <tr><td style="background-color: #cccccc;">ISSUED AT</td></tr> <tr><td> </td></tr> <tr><td style="background-color: #cccccc;">ISSUED ON (mm/dd/yyyy)</td></tr> <tr><td> </td></tr> </table>	COMMUNITY TAX CERTIFICATE NO.		ISSUED AT		ISSUED ON (mm/dd/yyyy)		<div style="border: 1px solid black; width: 100px; height: 100px; margin: 0 auto;"></div> <p style="text-align: center; margin: 0;">RIGHT THUMBMARK</p>
COMMUNITY TAX CERTIFICATE NO.							
ISSUED AT							
ISSUED ON (mm/dd/yyyy)							

IN CASE OF EMERGENCY:
Please Contact: Faith Mary Mae Guzman
Contact Number: 32 402 9045
Relation: Sister

SIGNATURE (Sign in the box)
DATE ACCOMPLISHED