



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	E G A R		
FIRST NAME	J O A N N E		
MIDDLE NAME	L O P E Z		3. NAME EXTENSION (e.g. Jr., Sr.)
4. DATE OF BIRTH (mm/dd/yyyy)	01/ 09 /1996		17. RESIDENTIAL ADDRESS 1000 JUANA OSMEÑA EXTENSION, CAPITOL SITE, CEBU CITY
5. PLACE OF BIRTH	BONGAO, TAWI-TAWI		
6. SEX	D Male <input checked="" type="checkbox"/> Female		ZIP CODE 6000
7. CIVIL STATUS	<input checked="" type="checkbox"/> Single DWidowed DMarried DSeparated DAnnulled DOthers, specify _____		18. TELEPHONE NO. N/A
8. CITIZENSHIP	FILIPINO		19. PERMANENT ADDRESS DATU HALUN ST., BONGAO, TAWI-TAWI
9. HEIGHT (m)	5'3		
10. WEIGHT (kg)	50		ZIP CODE 7500
11. BLOOD TYPE	O+		20. TELEPHONE NO. N/A
12. GSIS ID NO.	N/A		21. E-MAIL ADDRESS (if any) joannelopez129@gmail.com
13. PAG-IBIG ID NO.	1211-9411-3891		
14. PHILHEALTH NO.	2025-0750-5270		22. CELLPHONE NO. (if any) 0945-5994-677
15. SSS NO.	06-3939097-4		
16. TIN	950-859-919		23. EMPLOYEE ID NO. N/A

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	E G A R	03/ 16 /1970
FIRST NAME	E D D I E	/ /
MIDDLE NAME	E L M E D O L A N	/ /
27. MOTHER'S MAIDEN NAME		/ /
SURNAME	L O P E Z	02/ 25 /1962
FIRST NAME	L U Z V I C T O R I A	/ /
MIDDLE NAME	M A N I L I	/ /
25. NAME OF CHILD (Write full name and list all)		/ /
		/ /
		/ /
		/ /
		/ /
		/ /

37 a. Have you ever been formally charged?	DYES D NO If YES, give details _____								
b. Have you ever been guilty of any administrative offense?	DYES D 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 D 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?	D YES DNO If YES, give details Resigned from a private sector _____								
40. Have you ever been a candidate in a national or local election (except Barangay election)?	DYES D 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 D NO If YES, give please specify: _____								
b. Are differently abled?	DYES D NO If YES, give please specify: _____								
c. Are you a solo parent?	DYES D NO If YES, give please specify: _____								
42. REFERENCES (Person not related by consanguinity or affinity to applicant/appointee)									
NAME	ADDRESS	TEL NO.							
ROSE KIMBERLY LEPON	CORNER PANGANIBAN AND BOROME0, CEBU C.	0935-8796-654							
CEZARAH JANICA RALAR	BIHONAN ST., CANSOJONG TALISAY CITY, CEBU	0977-4549-915							
43. EMPLOYMENT RECORD (latest)									
COMPANY NAME	POSITION	FROM	TO						
SUPERYACHT ACADEMY IN ASIA AND THE PACIFIC CORP.	ADMIN ASSISTANT, PURCHASER & INVENTORY	JANUARY 18, 2018	MAY 01, 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.			ID picture taken within the last 6 months 3.5 cm. X 4.5 cm (passport size)						
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="text-align: center;">CC122017 11009766</td></tr> <tr><td style="text-align: center;">COMMUNITY TAX CERTIFICATE NO.</td></tr> <tr><td style="text-align: center;">CEBU CITY</td></tr> <tr><td style="text-align: center;">ISSUED AT</td></tr> <tr><td style="text-align: center;">01/ 14 /2020</td></tr> <tr><td style="text-align: center;">ISSUED ON (mm/dd/yyyy)</td></tr> </table>	CC122017 11009766	COMMUNITY TAX CERTIFICATE NO.	CEBU CITY	ISSUED AT	01/ 14 /2020	ISSUED ON (mm/dd/yyyy)	RIGHT THUMBMARK	Computer generated or xerox copy of picture is not acceptable	
CC122017 11009766									
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CEBU CITY									
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01/ 14 /2020									
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SIGNATURE (Sign in the box)									
DATE ACCOMPLISHED									
Please Contact: <u>LUZVICTORIA L. EGAR</u>									
Contact Number: <u>0907-5862-643</u>		JULY 13, 2020							
Relation: <u>MOTHER</u>									