



37 a. Have you ever been formally charged?	DYES      DNO If YES, give details
	_____
b. Have you ever been guilty of any administrative offense?	DYES      DNO 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      DNO 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?	DYES      DNO If YES, give details
	_____

40. Have you ever been a candidate in a national or local election (except Barangay election)?	DYES      DNO 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      DNO If YES, give please specify: _____
b. Are differently abled?	DYES      DNO If YES, give please specify: _____
c. Are you a solo parent?	DYES      DNO If YES, give please specify: _____

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

NAME	ADDRESS	TEL NO.
GLAIZA PONCE	MARIGONDON, LAPU-LAPU CITY CEBU	0945-694-3400
LUI JOY NARIA	MARIGONDON, LAPU-LAPU CITY CEBU	0948-691-0531

43. EMPLOYMENT RECORD (latest)


COMPANY NAME	POSITION	FROM	TO
PLANTATION BAY RESORT AND SPA	FOOD ATTENDANT	JULY 2012	DEC. 2017
PLANTATION BAY RESORT AND SPA	ROOM ATTENDANT	OCT. 2019	MARCH 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.



COMMUNITY TAX CERTIFICATE NO.	RIGHT THUMBMARK
ISSUED AT	
/ /	
ISSUED ON (mm/dd/yyyy)	

<b>IN CASE OF EMERGENCY:</b> Please Contact: <u>KERVIN ARTHUR CADAMPOG</u> Contact Number: <u>0919-326-2299</u> Relation: <u>LIVE IN PARTNER</u>	 SIGNATURE (Sign in the box) _____ DATE ACCOMPLISHED _____
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