	MPLOYEE PERSON	AL DATA SHE	ЕТ
	oxes D with "/" and use separate sheet if necessary.	Schedule:	
I. PERSONAL INFORMA		Team Lead:	
2. SURNAME			
FIRST NAME			
MIDDLE NAME	FERRER	3. NAME EXTENSION (e.g. Jr., S	Sr.) N/A
4. DATE OF BIRTH (mm/dd/yy		17. RESIDENTIAL ADDRESS	
5. PLACE OF BIRTH	Upper Pulacan Labangan ZDS	_	
6. SEX	D Male 🗸 Female	_	
7. CIVIL STATUS	Single DWidowed	ZIP CODE	
	DMarried DSeparated	18. TELEPHONE NO.	
	DAnnulled DOthers, specify	19. PERMANENT ADDRESS	Upper Pulacan Labangan ZDS
8. CITIZENSHIP	Filipino	_	Labangan 200
9. HEIGHT (m)	1.57m	_	
10. WEIGHT (kg)	57kg	_	
11. BLOOD TYPE	В	ZIP CODE	7017
12. GSIS ID NO.		20. TELEPHONE NO.	09204458972
13. PAG-IBIG ID NO.	914326224977	21. E-MAIL ADDRESS (if any)	jsamillano2525@gmail.com
14. PHILHEALTH NO.	14-025217318-4	_	
15. SSS NO.	10-0961592-9	22. CELLPHONE NO. (if any)	09086196775
16. TIN	322-922-942	23. EMPLOYEE ID NO.	
II. FAMILY BACKGROU	ND		
24. SPOUSE'S SURNAME	N/A		DATE OF BIRTH
FIRST NAME			(mm/dd/yyyy)
MIDDLE NAME			/ /
OCCUPATION			/ /
EMPLOYER/BUS. NAME			/ /
BUSINESS ADDRESS			/ /
TELEPHONE NO.			/ /
	(Continue on separate sheet if necessary)		/ /
26. FATHER'S SURNAME	SAMILLANO		06 / 12 / 1964
FIRST NAME	JUN		/ /
MIDDLE NAME	EDANG		/ /
27. MOTHER'S MAIDEN NAMI	E		/ /
SURNAME	FERRER		05 / 16 / 1969
FIRST NAME	MARIVIC		/ /
MIDDLE NAME	CASTILLO		/ /
	25. NAME OF CHILD		/ /
	(Write full name and list all)		/ /
N/A			/ /
			/ /
			/ /

37 a. Have you ever been formally c	harged?		Dyes If YES, give	<b>Ø</b> NO details			
b. Have you ever been guilty of any administrative offense?				Dyes DNO If YES, give details			
				Dyes VNO 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 Barangay election)?	Dyes ØNO 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:							
<ul><li>a. Are you a member of any indigenous group?</li><li>b. Are differently abled?</li><li>c. Are you a solo parent?</li></ul>				DYES VNO If YES, give please specify: DYES VNO If YES, give please specify: DYES VNO If YES give please specify:			
42. REFERENCES (Person not related by consand	42. REFERENCES (Person not related by consanguinity or affinity to applicant/appointee)						
NAME		RESS		TEL NO.			
Regin Lappay	J. Panis Kasambagan C			09164571478			
Joan Esig	Plaridel Misamis Occide	ntal		09190621388			
Virgie Antonette Pagunsan	Consolacion Cebu Cit	V		09773533130			
43. EMPLOYMENT RECORD (latest)							
COMPANY NAME	POSITION	FR	OM	то			
Qualfon Philippines	CSR	August 4,2015		January 25,2019			
44. I declare under oath that this Persona	Data Sheet has been accomm	lished by me.	and is a true.				
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.  ISSUED AT // ISSUED ON (mm/dd/yyyy)							
IN CASE OF EMERGENCY: Please Contact: JUN E. SAMILLANO Contact Number: 09204458972 Relation: Father			07	(Sign in the box) (19/2020 CCOMPLISHED			