



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	BULALA		
FIRST NAME	KARL LAURENCE		
MIDDLE NAME	ALEMORIN	3. NAME EXTENSION (e.g. Jr., Sr.)	
4. DATE OF BIRTH (mm/dd/yyyy)	10 / 18 / 1997	17. RESIDENTIAL ADDRESS	2B, Edward Tan Ting Building, Cobarde Drive, Nasipit Talamban
5. PLACE OF BIRTH	Guiwanon, Barili, Cebu	ZIP CODE	
6. SEX	<input checked="" type="checkbox"/> Male D Female	18. TELEPHONE NO.	
7. CIVIL STATUS	<input checked="" type="checkbox"/> Single D Widowed D Married D Separated D Annulled D Others, specify _____	19. PERMANENT ADDRESS	Pitogo, Balamban, Cebu
8. CITIZENSHIP	Filipino	ZIP CODE	6041
9. HEIGHT (m)	1.5494	20. TELEPHONE NO.	
10. WEIGHT (kg)	73	21. E-MAIL ADDRESS (if any)	karlbulala@gmail.com
11. BLOOD TYPE		22. CELLPHONE NO. (if any)	09063312243
12. GSIS ID NO.		23. EMPLOYEE ID NO.	
13. PAG-IBIG ID NO.			
14. PHILHEALTH NO.			
15. SSS NO.	34-9422377-5		
16. TIN			

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	Bulala	/ /
FIRST NAME	Elbert Robennoel	08 / 13 / 1975
MIDDLE NAME	Ventic	/ /
27. MOTHER'S MAIDEN NAME		/ /
SURNAME	Alemorin	/ /
FIRST NAME	Genebe	10 / 26 / 1975
MIDDLE NAME	Vocales	/ /
25. NAME OF CHILD (Write full name and list all)		/ /
		/ /
		/ /
		/ /
		/ /
		/ /

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 DNO If YES, give details Resignation _____
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.

43. EMPLOYMENT RECORD (latest)

COMPANY NAME	POSITION	FROM	TO
Acadsoc, Ltd.	ESL Tutor	08/31/2018	06/6/2020

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"> <tr><td> </td></tr> <tr><td>COMMUNITY TAX CERTIFICATE NO.</td></tr> <tr><td> </td></tr> <tr><td>ISSUED AT</td></tr> <tr><td> / /</td></tr> <tr><td>ISSUED ON (mm/dd/yyyy)</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;">RIGHT THUMBMARK</p>	<p>ID picture taken within the last 6 months 3.5 cm. X 4.5 cm (passport size)</p> <p>Computer generated or xerox copy of picture is not acceptable</p>
COMMUNITY TAX CERTIFICATE NO.								
ISSUED AT								
/ /								
ISSUED ON (mm/dd/yyyy)								

IN CASE OF EMERGENCY:

Please Contact: Genebe A. Bulala

Contact Number: 09422081728

Relation: Mother

<i>K. Bulala</i>	7/20/2020
SIGNATURE (Sign in the box)	
DATE ACCOMPLISHED	