



## 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	L O Z A Ñ E S		
FIRST NAME	G E M M A R		
MIDDLE NAME	SANTIAGO	3. NAME EXTENSION (e.g. Jr., Sr.)	
4. DATE OF BIRTH (mm/dd/yyyy)	09/14/1991	17. RESIDENTIAL ADDRESS	LOWER BACAYAN,CEBU CITY
5. PLACE OF BIRTH	JULIO PACANA STREET ,CDOC		
6. SEX	MALE		
	SINGLE	ZIP CODE	6000
7. CIVIL STATUS		18. TELEPHONE NO.	N/A
8. CITIZENSHIP	FILIPINO	19. PERMANENT ADDRESS	150 ZONE 8 GARCIA COMPOUND,BULUA,CDOC
9. HEIGHT (m)	174		
10. WEIGHT (kg)	60		
11. BLOOD TYPE	O	ZIP CODE	9000
12. GSIS ID NO.	N/A	20. TELEPHONE NO.	N/A
13. PAG-IBIG ID NO.	121100044092	21. E-MAIL ADDRESS (if any)	<a href="mailto:gemmamathan@gmail.com">gemmamathan@gmail.com</a>
14. PHILHEALTH NO.	010517821832		
15. SSS NO.	0819821551		
16. TIN	000430195610	22. CELLPHONE NO. (if any)	09182495067
		23. EMPLOYEE ID NO.	

### 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	LOZAÑES	/ /
	FIRST NAME	HILARIO
	MIDDLE NAME	/ /
27. MOTHER'S MAIDEN NAME		/ /
SURNAME	SANTIAGO	/ /
	FIRST NAME	GEMMALYN
	MIDDLE NAME	MEDALLA
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 <input type="checkbox"/> NO If YES, give details ended a contract to a seasonal project		
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: _____		
<b>42. REFERENCES</b> (Person not related by consanguinity or affinity to applicant/appointee)			
NAME	ADDRESS		
Wheljun Espinosa	Cebu City		
April Ting	Cebu City		
Rose Dacles	Cebu City		
TEL NO.	09399328719		
09989619412	N/A		
<b>43. EMPLOYMENT RECORD (latest)</b>			
COMPANY NAME	POSITION	FROM	TO
Sykes Enterprises Cebu	Order Management/Presales Technical Support	September 16 ,2019	February 16,2020
Concentrix former Convergys Cebu	ISP Technical Support	October 8, 2013	July 11,2019
Bridgeway Communication System Inc. /Prudential Guarantee and Assurance Inc	IT Technical Support Engineer	November 26, 2012	June 03,2013
CAA Company	Visual Basic Programmer	March 2012	October 2012
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.		Computer generated or xerox copy of picture is not acceptable	
COMMUNITY TAX CERTIFICATE NO.	RIGHT THUMBMARK		
ISSUED AT			
/ /			
ISSUED ON (mm/dd/yyyy)			
<b>IN CASE OF EMERGENCY:</b>		 SIGNATURE (Sign in the box) JULY 17,2020 DATE ACCOMPLISHED	
Please Contact: <u>GEMMALYN SANTIAGO</u>			
Contact Number: <u>09352558426</u>			
Relation: <u>MOTHER</u>			