

EMPLOYEE PERSONAL DATA SHEET

| Brint legibly. Mark appropriate b | oxes D with "/" and use separate sheet if necessary. | Schedule: | |
|-------------------------------------|--|------------------------------|----------------------------|
| PERSONAL INFORMA | | Team Lead: | |
| 1. PERSONAL INFORIVIA 2. SURNAME | DINTARA | | |
| FIRST NAME | DEBRASMAR | 1. Z = 0 c 0 0 | |
| MIDDLE NAME | AQUI | 3. NAME EXTENSION (e.g. Jr., | ir.) |
| 4. DATE OF BIRTH (mm/dd/yy | m 10/11/1989 | 17. RESIDENTIAL ADDRESS | 500 SAINT |
| 5. PLACE OF BIRTH | CEBU CITY | | ANDREW STREET |
| 6. SEX | D Male D Female | | HIPODROMO, CEBU CITY |
| 7. CIVIL STATUS | D Single DWidowed | ZIP CODE | 6000 |
| | DMarried DSeparated | 18. TELEPHONE NO. | 09177727562 |
| | DAnnulled DOthers, specify | 19. PERMANENT ADDRESS | TOO SAINT |
| B. CITIZENSHIP | FILIPINO | | ANDREW STREET |
| 9. HEIGHT (m) | 5"2" | | CEBU CITY |
| 10. WEIGHT (kg) | 92 kg. | | |
| 11. BLOOD TYPE | | ZIP CODE | 6000 |
| 12. GSIS ID NO. | | 20. TELEPHONE NO. | 09177727562 |
| 13. PAG-IBIG ID NO. | | 21. E-MAIL ADDRESS (if any) | deedeeziran@ |
| 14. PHILHEALTH NO. | 12-050641181-0 | | gmail. com |
| 15. SSS NO. | 06-2744555-6 | 22. CELLPHONE NO. (if any) | 09177727562 |
| 16. TIN | 254 311 823 0000 | 23. EMPLOYEE ID NO. | |
| II. FAMILY BACKGROU | | | |
| 24. SPOUSE'S SURNAME FIRST NAME | | | DATE OF BIRTH (mm/dd/yyyy) |
| MIDDLE NAME | | | / / |
| OCCUPATION | | | / / |
| EMPLOYER/BUS. NAME | | | / / / |
| BUSINESS ADDRESS | | | / / |
| TELEPHONE NO. | | | 1 / |
| | (Continue on separate sheet if necessary) | | 1 . / |
| 26. FATHER'S SURNAME | PINTADO | | / / |
| FIRST NAME | HENRITO | | 1 1 100 |
| MIDDLE NAME | DECLARO | | 01/04/1956 |
| 27. MOTHER'S MAIDEN NAME | | | / / |
| SURNAME | AQUI | | 1 1 |
| FIRST NAME | MA. EMMA | | 0 0 1015 |
| MIDDLE NAME | CASTILLON | J | 02/07/1965 |
| | 25. NAME OF CHILD | | / / |
| | (Write full name and list all) | | 1 1 |
| | | | 11 |
| | | | 1.1 |
| | | | 1 1 |
| | | | / / |
| | | | 1 / |

| 37 a. Have you ever been formally ch | DYES DNO If YES, give details | | | | |
|---|---|-----------------------|------------------------------------|--|--|
| b. Have you ever been guilty of any administrative offense? 38. Have you ever been convicted of any crime or violation of any law, decree, ordinance or regulation by any court or tribunal? | | | | DVES DNO If YES, give details DVES 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 (DNg) If YES, give details | |
| 40. Have you over been a candidate in a | Dves (| DNO | | | |
| 40. Have you ever been a candidate in a national or local election (except Barangay election)? | | | | If YES, give details | |
| 0 | | | | | |
| 41. Pursuant to: (a) Indigenouse People's Act (RA 837 | | ersons (RA 7277); | | | |
| and Solo Parents Welfare Act 2000 (RA 8972), please | answer the following Items: | | | 9 57 FS 99 (LD), CAP | |
| | | | Dyes (| DNO | |
| a. Are you a member of any indigenous | z Bronh. | | | please specify: | |
| b. Are differently abled? | | | Dyes | (DNO) | |
| page 77 to the second | | | If YES, give please specify: | | |
| c. Are you a solo parent? | | | DYES (DNO) | | |
| 0 | | 100 | If YES, give | please specify: | |
| 42. REFERENCES (Person not related by consang | | | | | |
| NAME | ADDRESS | | -11 | TEL NO. | |
| REYSAN GONZALES | | CEBU CITY | | 096/365 8126 | |
| EFFELOCHE OLIS | HIPODROND | | CITY | 0999 495 9701 | |
| KHASANDRA PANES 43. EMPLOYMENT RECORD (latest) | MANDAME | CITY | CEBU | 10129 525 0265 | |
| COMPANY NAME | POSITION | FR | OM | то | |
| EPERFORMAX | C6R/FA | | lander southern land | April 2014 | |
| TELEPERFORMANCE | CSP | June ? | 2014 | October 2015 | |
| INTERNATIONAL KUS HOUSE | ENGLISH TEACHER | June | 2016 | June 2019 | |
| 44. I declare under oath that this Persona correct and complete statement pursuant t | | Control of the second | THE RESERVE OF THE PERSON NAMED IN | | |
| | ublic of the Philippines. d representative to verify/ val | idate | | 60 | |
| the Rep I also authorize the agency head/ authorize the contents stated herein. I trust that this the COMMUNITY TAX CERTIFICATE ISSUED AT /// | ublic of the Philippines. d representative to verify/ val information shall remain confi | idate | Rev. | | |
| the Rep I also authorize the agency head/ authorize the contents stated herein. I trust that this i COMMUNITY TAX CERTIFICATE ISSUED AT / / ISSUED ON (mm/dd/yyy) | ublic of the Philippines. d representative to verify/ val information shall remain confi | idate | ARK | | |
| the Rep I also authorize the agericy head/ authorize the contents stated herein. I trust that this i COMMUNITY TAX CERTIFICATE ISSUED AT / / ISSUED ON (mm/dd/yyyy) IN CASE OF EMERGENCY: Please Contact: AFLN E (TO) | d representative to verify/ val | idate | JVL | 4 85, 2020 | |
| the Rep I also authorize the agency head/ authorize the contents stated herein. I trust that this i COMMUNITY TAX CERTIFICATE ISSUED AT // ISSUED ON (mm/dd/yyyy) IN CASE OF EMERGENCY: | d representative to verify/ val | idate | SIGNATUR | A SO 2020 E Sigh in the box) | |