



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	ALINDAO <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		
FIRST NAME	DARYL <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		
MIDDLE NAME	PACA	3. NAME EXTENSION (e.g. Jr., Sr.)	
4. DATE OF BIRTH (mm/dd/yyyy)	09 / 14 / 1996	17. RESIDENTIAL ADDRESS	
5. PLACE OF BIRTH	CEBU CITY	74-B Spoliarium Street, Duljo-Fatima Cebu City	
6. SEX	<input checked="" type="checkbox"/> Male <input type="checkbox"/> Female	ZIP CODE	
7. CIVIL STATUS	<input checked="" type="checkbox"/> Single <input type="checkbox"/> Widowed <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Annulled <input type="checkbox"/> Others, specify _____	6000	
8. CITIZENSHIP	Filipino	18. TELEPHONE NO.	
9. HEIGHT (m)	5'4	19. PERMANENT ADDRESS	
10. WEIGHT (kg)	80kgs	74-B Spoliarium Street, Duljo-Fatima Cebu City	
11. BLOOD TYPE	A+	ZIP CODE	
12. GSIS ID NO.		6000	
13. PAG-IBIG ID NO.	9153-5504-2256	20. TELEPHONE NO.	
14. PHILHEALTH NO.	01-052097496-8	21. E-MAIL ADDRESS (if any)	
15. SSS NO.	06-3753199-7	alindaodaryl96@gmail.com	
16. TIN	323-998-100	22. CELLPHONE NO. (if any)	
		09176518429	
		23. EMPLOYEE ID NO.	

II. FAMILY BACKGROUND

24. SPOUSE'S SURNAME	n/a	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	Alindao	09 / 19 / 1967
FIRST NAME	Brando	/ /
MIDDLE NAME	Catubay	/ /
27. MOTHER'S MAIDEN NAME		/ /
SURNAME	Paca	05 / 17 / 1970
FIRST NAME	Christina	/ /
MIDDLE NAME	Abellana	/ /
25. NAME OF CHILD		
(Write full name and list all)		
n/a		
/ /		
/ /		
/ /		
/ /		
/ /		

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?	DYES <input checked="" type="checkbox"/> NO If YES, give details
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.
HON. GUIAN PAOLO GODOFREDO, LP	Talisay, Cebu	0933-273-8107
MR. RENGIE GALO, CPA, MBA	Talisay, Cebu	0925-888-6638
MS. OLGA GALLARDO, MBA		0920-801-3295

43. EMPLOYMENT RECORD (latest)

COMPANY NAME	POSITION	FROM	TO
Medspecialized Inc	Medical Biller	April 2017	August 2018
Contact Solutions	Data Analyst	December 2018	September 2019

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.

ID picture taken within the last 6 months 3.5 cm. X 4.5 cm (passport size)

Computer generated or xerox copy of picture is not acceptable

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

IN CASE OF EMERGENCY:
 Please Contact: Brando C. Alindao
 Contact Number: 09231536659
 Relation: Father

Salindao
 SIGNATURE (Sign in the box)

DATE ACCOMPLISHED
09/25/2020