	MPLOYEE PERSON	AL DATA SHF	FT
	poxes D with "/" and use separate sheet if necessary	Schedule:	
I. PERSONAL INFORM		Team Lead:	
2. SURNAME	M U A Ñ A		
FIRST NAME	NOREENOO		
MIDDLE NAME	CARABUENA	3. NAME EXTENSION (e.g. Jr., S	
4. DATE OF BIRTH (mm/dd/yy		17. RESIDENTIAL ADDRESS	BLK 6 LOT18 CAMELLA MIRAMONTE PIT-OS,
5. PLACE OF BIRTH	CEBU CITY	_	CEBU CITY PHILIPPINES
6. SEX	D Male 🖌 Female	_	
7. CIVIL STATUS	₽ Single DWidowed	ZIP CODE	6000
	DMarried DSeparated	18. TELEPHONE NO.	
	DAnnulled DOthers, specify	19. PERMANENT ADDRESS	BLK 6 LOT18 CAMELLA MIRAMONTE PIT-OS,
8. CITIZENSHIP	FILIPINO	_	CEBU CITY PHILIPPINES
9. HEIGHT (m)	5'1	_	FHILIFFINES
10. WEIGHT (kg)	50	_	
11. BLOOD TYPE	B+	ZIP CODE	6000
12. GSIS ID NO.		20. TELEPHONE NO.	
13. PAG-IBIG ID NO.		21. E-MAIL ADDRESS (if any)	Ncarab29@gmail.com
14. PHILHEALTH NO.			
15. SSS NO.		22. CELLPHONE NO. (if any)	0995-526-3979
16. TIN		23. EMPLOYEE ID NO.	
II. FAMILY BACKGROU	ND		
24. SPOUSE'S SURNAME			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	MUAÑA		12 / 04 / 1967
FIRST NAME	SIMPLICIO		/ /
MIDDLE NAME	PACA		/ /
27. MOTHER'S MAIDEN NAM	E		/ /
SURNAME	MUAÑA		12 / 06 / 1968
FIRST NAME	MA. LUISA		/ /
MIDDLE NAME	CARABUENA		/ /
	25. NAME OF CHILD		/ /
	(Write full name and list all)		/ /
			/ /
			/ /
			/ /
			/ /

37 a. Have you ever been formally ch	Dyes If YES, give	ФNO details			
b. Have you ever been guilty of a	DYES DNO If YES, give details				
38. Have you ever been convicted of any	v crime or violation (	of any l	aw. decree,	Dyes	<b>р</b> ио
ordinance or regulation by any court or t		If YES, give details			
39. Have you ever been separated from the retirement, dropped from the rolls, dismissa contract, AWOL or phased out, in the public		Dyes DNO If YES, give details			
40. Have you ever been a candidate in a Barangay election)?	DYES If YES, give	Dyes DNO If YES, give details			
41. Pursuant to: (a) Indigenouse People's Act (RA 837 and Solo Parents Welfare Act 2000 (RA 8972), please	;				
<ul><li>a. Are you a member of any indigenous</li><li>b. Are differently abled?</li></ul>	Dyes If YES, give Dyes	If YES, give please specify:			
c. Are you a solo parent?	Dyes	If YES, give please specify: Dyes DNO If YES, give please specify:			
42. REFERENCES (Person not related by consang	guinity or affinity to applica	ant/appoi	intee)		
NAME		ADD	DRESS		TEL NO.
ELIZABETH LOPEZ	BANILAD CENTER FO	OR PRC	FESSINAL DE	VELPMENT	0908-885-9846
NONNA PIOL	BANILAD CENTER FO		)FESSIONAL D	EVELOPMENT	0909-686-9011
NICOLE NUÑEZ	YELLO HOTEL	<u> </u>			0966-451-7524
43. EMPLOYMENT RECORD (latest)					
COMPANY NAME	POSITION			ROM	то
YELLLO HOTEL	FRONT DESK ASSOCIATE	: (OJT)	T) NOVEMBER 4, 2020		MARCH 14, 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.					
COMMUNITY TAX CERTIFICATE NO.					Computer generated or xerox copy of picture is not acceptable
ISSUED ON (mm/dd/yyyy)					
IN CASE OF EMERGENCY: Please Contact: MA. LUISA C. MUAÑA	4			SIGNATURE	(Sign in the box)
Contact Number: <u>0919-315-7997</u> Relation: <u>MOTHER</u>				CCOMPLISHED	