



# 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	F I G U I R A		
FIRST NAME	C I N D Y L O U		
MIDDLE NAME	VILLAJOS	3. NAME EXTENSION (e.g. Jr., Sr.)	
4. DATE OF BIRTH (mm/dd/yyyy)	11 / 29 / 1985	17. RESIDENTIAL ADDRESS	28-F Lorega st. Brgy. T. padilla Cebu City
5. PLACE OF BIRTH	CEBU CITY	ZIP CODE	6000
6. SEX	D Male <input type="checkbox"/> Female <input type="checkbox"/>	18. TELEPHONE NO.	0931-022-9052
7. CIVIL STATUS	<input type="checkbox"/> Single <input type="checkbox"/> Widowed <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Annulled <input type="checkbox"/> Others, specify _____	19. PERMANENT ADDRESS	28-F Lorega st. Brgy. T. Padilla Cebu City
8. CITIZENSHIP	Filipino	ZIP CODE	6000
9. HEIGHT (m)	5'6	20. TELEPHONE NO.	0931-022-9052
10. WEIGHT (kg)	140 lbs.	21. E-MAIL ADDRESS (if any)	cinkindrew@gmail.com
11. BLOOD TYPE		22. CELLPHONE NO. (if any)	0931-022-9052
12. GSIS ID NO.		23. EMPLOYEE ID NO.	
13. PAG-IBIG ID NO.			
14. PHILHEALTH NO.	12-050431241-6		
15. SSS NO.	06-2489256-8		
16. TIN	289-898-984-000		

## 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	Figuera	DATE OF BIRTH (mm/dd/yyyy)	04 / 10 / 1966
FIRST NAME	Diosdado	/ /	
MIDDLE NAME	Coyoca	/ /	
27. MOTHER'S MAIDEN NAME		/ /	
SURNAME	Figuera	DATE OF BIRTH (mm/dd/yyyy)	10 / 06 / 1966
FIRST NAME	Thelma	/ /	
MIDDLE NAME	Villajos	/ /	
25. NAME OF CHILD (Write full name and list all)		/ /	
Drew Xander Muit		DATE OF BIRTH (mm/dd/yyyy)	06 / 08 / 2010
Kiera Mae Figuera		DATE OF BIRTH (mm/dd/yyyy)	11 / 29 / 2002
		/ /	
		/ /	
		/ /	
		/ /	

37 a. Have you ever been formally charged?	DYES <input type="checkbox"/> NO If YES, give details _____
b. Have you ever been guilty of any administrative offense?	DYES <input 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 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 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 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 type="checkbox"/> NO If YES, give please specify: _____
b. Are differently abled?	DYES <input type="checkbox"/> NO If YES, give please specify: _____
c. Are you a solo parent?	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO If YES, give please specify: <u>  2  </u>

**42. REFERENCES** (Person not related by consanguinity or affinity to applicant/appointee)

NAME	ADDRESS	TEL NO.
Cherrylyn Figuera	Lorega st.Cebu City	09961835300
Christopher Quinal	Lorega st.Cebu City	09959679319

**43. EMPLOYMENT RECORD** (latest)

COMPANY NAME	POSITION	FROM	TO
Open Look Business Solutions	Aud.devt.Specialist	August 2016	July 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.

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

<table border="1" style="width:100%; border-collapse: collapse;"> <tr><td style="padding: 2px;">COMMUNITY TAX CERTIFICATE NO.</td></tr> <tr><td style="padding: 2px;"> </td></tr> <tr><td style="padding: 2px;">ISSUED AT</td></tr> <tr><td style="padding: 2px;">  /   /</td></tr> <tr><td style="padding: 2px;">ISSUED ON (mm/dd/yyyy)</td></tr> <tr><td style="padding: 2px;"> </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; margin: 0;">RIGHT THUMBMARK</p>
COMMUNITY TAX CERTIFICATE NO.							
ISSUED AT							
/   /							
ISSUED ON (mm/dd/yyyy)							

**IN CASE OF EMERGENCY:**

Please Contact: Thelma Figuera

Contact Number: 09391800362

Relation: Mother

	08.03.2020
SIGNATURE (Sign in the box)	
DATE ACCOMPLISHED	