



## EMPLOYEE PERSONAL DATA SHEET

Print legibly. Mark appropriate boxes  with "X" and use separate sheet if necessary.

Schedule: \_\_\_\_\_


### I. PERSONAL INFORMATION

Team Lead: \_\_\_\_\_

2. SURNAME	<input type="checkbox"/> <b>Aba-a</b>	
FIRST NAME	<input type="checkbox"/> <b>Elpidio</b>	
MIDDLE NAME	<b>Bordaje</b>	3. NAME EXTENSION (e.g. Jr., Sr.)
4. DATE OF BIRTH (mm/dd/yyyy)	<b>07/31/1972</b>	17. RESIDENTIAL ADDRESS
5. PLACE OF BIRTH	<b>Dipolog City</b>	
6. SEX	<input type="checkbox"/> Male <input type="checkbox"/> Female	ZIP CODE
7. CIVIL STATUS	<input type="checkbox"/> Single <input type="checkbox"/> Widowed	18. TELEPHONE NO.
	<input type="checkbox"/> Married <input type="checkbox"/> Separated	
	<input type="checkbox"/> Annulled <input type="checkbox"/> Others, specify	
8. CITIZENSHIP	<b>Filipino</b>	19. PERMANENT ADDRESS
9. HEIGHT (m)	<b>5' 7"</b>	
10. WEIGHT (kg)	<b>165 lbs</b>	ZIP CODE
11. BLOOD TYPE	<b>B+</b>	20. TELEPHONE NO.
12. GSIS ID NO.	<b>06-1488235-5</b>	21. E-MAIL ADDRESS (if any)
13. PAG-IBIG ID NO.	<b>1210-2589-0759</b>	
14. PHILHEALTH NO.	<b>12-0506-75767-9</b>	22. CELLPHONE NO. (if any)
15. SSS NO.	<b>06-1488235-5</b>	
16. TIN	<b>178-724-515-000</b>	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	
FIRST NAME	
MIDDLE NAME	
27. MOTHER'S MAIDEN NAME	
SURNAME	
FIRST NAME	
MIDDLE NAME	
25. NAME OF CHILD (Write full name and list all)	
<b>NA</b>	

37 a. Have you ever been formally charged?	DYES <input type="checkbox"/> <b>DNO</b> <input checked="" type="checkbox"/> If YES, give details		
b. Have you ever been guilty of any administrative offense?	DYES <input type="checkbox"/> <b>DNO</b> <input checked="" type="checkbox"/> 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"/> <b>DNO</b> <input checked="" type="checkbox"/> 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"/> <b>DNO</b> <input checked="" type="checkbox"/> If YES, give details		
40. Have you ever been a candidate in a national or local election (except Barangay election)?	DYES <input type="checkbox"/> <b>DNO</b> <input checked="" type="checkbox"/> If YES, give details		
41. Pursuant to: (a) Indigenous People's Act (RA 83710); (b) Magna Carta for Disabled Persons (RA 7277); and So-o Parents Welfare Act 2010 (RA 8972), please answer the following items:			
a. Are you a member of any indigenous group?	DYES <input type="checkbox"/> <b>DNO</b> <input checked="" type="checkbox"/> If YES, give please specify: _____		
b. Are differently abled?	DYES <input type="checkbox"/> <b>DNO</b> <input checked="" type="checkbox"/> If YES, give please specify: _____		
c. Are you a solo parent?	DYES <input type="checkbox"/> <b>DNO</b> <input checked="" type="checkbox"/> If YES, give please specify: _____		
42. REFERENCES (Person not related by consanguinity or affinity to applicant/appointee)			
NAME	ADDRESS	TEL NO.	
Erwin Llanera	Ma Luisa Vill	0920 5252 594	
Shaine Turan	A.S Fortuna Banilad	0928 6700 697	
Alma Manila	Dumlog Talisay	0832 1201 442	
43. EMPLOYMENT RECORD (latest)			
EMPLOYER NAME	SME	FR	TO
Forward BPO	SME	2017	2020
Azpired	TL	2015	2016
People Support	Agent	2006	2008
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 (m/m/dd/yyyy)			
IN CASE OF EMERGENCY: Please Contact: <u>Grace Abaa</u> Contact Number: <u>0922 313 5177</u> Relation: <u>Mother</u>		SIGNATURE (Sign in the box)  DATE ACCOMPLISHED	