

## EMPLOYEE PERSONAL DATA SHEET

Print legibly. Mark appropriate bo	xes D with "/" and use separate sheet if necessary.	Schedule:	
I. PERSONAL INFORMA	TION	Team Lead:	
2. SURNAME	T A G U B A S E 🗆		
FIRST NAME	GRACE	10	
MIDDLE NAME	ADEM	3. NAME EXTENSION (e.g. Jr., S	r.)
4. DATE OF BIRTH (mm/dd/yyy	y) 07 /09 /199	17. RESIDENTIAL ADDRESS	BLOCK 11 LOT 6 LA
5. PLACE OF BIRTH	VALENCIA, BOHOL		ALDEA BUENA MACTAN, BARANGAY BABAG,
6. SEX	D Male "D"/ Female		LAPU-LAPU CITY, CEBU
7. CIVIL STATUS	"D" / Single DWidowed	ZIP CODE	6015
	DMarried DSeparated	18. TELEPHONE NO.	2686854
	DAnnulled DOthers, specify	19. PERMANENT ADDRESS	BLOCK 11 LOT 6 LA
8. CITIZENSHIP	FILIPINO		ALDEA BUENA MACTAN, BARANGAY BABAG,
9. HEIGHT (m)	150 cm.		LAPU-LAPU CITY, CEBU
10. WEIGHT (kg)	58 kg		
11. BLOOD TYPE	0+	ZIP CODE	6015
12. GSIS ID NO.		20. TELEPHONE NO.	2686854
13. PAG-IBIG ID NO.	1212-1329-6586	21. E-MAIL ADDRESS (if any)	tagubasegrace96@gmail.com
14. PHILHEALTH NO.	12-253209466-4		
15. SSS NO.	06-4058153-6	22. CELLPHONE NO. (if any)	09301598668/09266656347
16. TIN	341-575-563-000	23. EMPLOYEE ID NO.	
II. FAMILY BACKGROUN	ID		
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	TAGUBASE		02 / 13 / 1952
FIRST NAME	BENIGNO		/ /
MIDDLE NAME	ADAME		/ /
27. MOTHER'S MAIDEN NAME			/ /
SURNAME	ADEM		08 / 13 / 1974
FIRST NAME	ALMA		/ /
MIDDLE NAME	SALO		/ /
	25. NAME OF CHILD		/ /
	(Write full name and list all)		/ /
			/ /
			/ /
			/ /
			<u></u>
			/ /

37 a. Have you ever been formally charged?					"D"/ <sub>NO</sub>		
					D <sub>YES</sub> "D"/ <sub>NO</sub> If YES, give details		
b. Have you ever been guilty of a	ny administr	ative offen:	se?	D <sub>YES</sub>	D <sub>YES</sub> "D"/ <sub>NO</sub>		
					If YES, give details		
38. Have you ever been convicted of any crime or violation of any law, decree,					"D"/ <sub>NO</sub>		
					D <sub>YES</sub> "D"/ <sub>NO</sub> If YES, give details		
39. Have you ever been separated from the service in any following modes: resignation,					"D"/ <sub>NO</sub>		
retirement, dropped from the rolls, dismissal, termination, end of term, finished					D <sub>YES</sub> "D"/ <sub>NO</sub> If YES, give details		
contract, AWOL or phased out, in the public							
40. Have you ever been a candidate in a	national or lo	cal election (	(except	Dyes	D <sub>YES</sub> "D"/ <sub>NO</sub>		
Barangay election)?					If YES, give details		
41. Pursuant to: (a) Indigenouse People's Act (RA 83)	710; (b) Magna Car	ta for Disabled F	Persons (RA	7277);			
and Solo Parents Welfare Act 2000 (RA 8972), please	e answer the follow	ring items:					
a. Are you a member of any indigenou	s group?			D <sub>YES</sub>	"D"/ <sub>NO</sub>		
				If YES, give	e please specify:		
b. Are differently abled?				D <sub>VES</sub>	D <sub>YES</sub> "D"/ <sub>NO</sub>		
					If YES, give please specify:		
c. Are you a solo parent?				D <sub>YES</sub>	"D"/ <sub>NO</sub>		
				If YES, give	e please specify:		
42. REFERENCES (Person not related by consan	guinity or affinity t	o applicant/appo	ointee)				
NAME	NAME ADDRESS				TEL NO.		
MS. JECIL TUNACAO	CEMENT	O, PUSOK, I	LAPU-LA	PU CITY	09321841726		
MS. JULIE MAE B. MORENO		PU-LAPU CI			09770132657		
JOHN ROLAND T. CARANO-O	SITIO KULO,	PUNTA ENGA	ANO, LAP	U-LAPU CITY	09460082376		
43. EMPLOYMENT RECORD (latest)							
COMPANY NAME	POSI	POSITION FI		FROM	ТО		
JOINUS ENGLISH LANGUAGE ACADEME INC.	ESL TEACHER /	' HR STAFF	JANU	ARY 15, 2018	MARCH 20, 2020		
44. I declare under oath that this Persona							
correct and complete statement pursuant t	to the provisions Jublic of the Phil		laws, rule	s and regulations o	ID picture taken within the last 6		
the kep	ublic of the Fill	ippines.			months 3.5 cm. X 4.5 cm (passport		
I also authorize the agency head/ authorized	d representative	e to verify/ va	lidate		size)		
the contents stated herein. I trust that this i	nformation sha	II remain conf	fidential.				
CC12018 23444451							
COMMUNITY TAX CERTIFICATE NO.							
LAPU-LAPU CITY					Computer generated or xerox copy of picture is not acceptable		
ISSUED AT							
08 / 03 / 202			DICU	L THI IVVBVV V DA			
ISSUED ON (mm/dd/yyyy)  RIGHT THUMBMARK							
IN CASE OF EMERGENCY:					<del>//</del>		
Please Contact: CELESTINA P. ARCHIVAL				SIGNIATU	/ ` RE (Sign in the box)		
Contact Number: 09087682214					SIGNATIONE (SIGN III the DOA)		
Relation: Aunt					DATE ACCOMPLISHED		
				Septe	mber 12, 2020		