| | MPLOYEE | PERSON | AL DATA SHE | ЕТ | |
|-----------------------------------|-------------------------------|---|-----------------------------------|---|--|
| | | | | | |
| Print legibly. Mark appropriate b | | arate sheet if necessary. | | | |
| 1. PERSONAL INFORMA 2. SURNAME | | | Team Lead: | | |
| | | | | | |
| FIRST NAME | E D E N | | | | |
| MIDDLE NAME | REGAÑON (1) 09 / 02 / 1995 | | 3. NAME EXTENSION (e.g. Jr., Sr.) | | |
| 4. DATE OF BIRTH (mm/dd/yy | 111 | | 17. RESIDENTIAL ADDRESS | Plaridel St., Looc, Mandaue City, Cebu | |
| 5. PLACE OF BIRTH | Patawag, Liloy, Za | imboanga dei Noi | | | |
| 6. SEX | D Male Ø Female | | | 6014 | |
| 7. CIVIL STATUS | Ø Single DWidowed | | | | |
| | DMarried DSeparated | | 18. TELEPHONE NO. | N/A Patawag, Liloy, | |
| 8. CITIZENSHIP | DAnnulled DOthers, specify | | 19. PERMANENT ADDRESS | Zamboanga del Norte | |
| | Filipino | | - | | |
| 9. HEIGHT (m) | 155cm | | - | | |
| 10. WEIGHT (kg) | 45kg | | - | | |
| 11. BLOOD TYPE | 0 | | ZIP CODE | 7115 N/A | |
| 12. GSIS ID NO. | N/A | | 20. TELEPHONE NO. | | |
| 13. PAG-IBIG ID NO. | 1211-4755-8761 | | 21. E-MAIL ADDRESS (if any) | edenjeanlomotos02@gmail.com | |
| 14. PHILHEALTH NO. | 12-025446184-4 | | - | | |
| 15. SSS NO. | 06-3697767-5 | | 22. CELLPHONE NO. (if any) | 09065778153 | |
| 16. TIN | 322-655-542-000 | | 23. EMPLOYEE ID NO. | | |
| II. FAMILY BACKGROUI | ND | | | | |
| 24. SPOUSE'S SURNAME | | | | DATE OF BIRTH (mm/dd/yyyy) | |
| FIRST NAME | L | | | (1111/00/9999) | |
| MIDDLE NAME | - | | | / / | |
| OCCUPATION | | | | / / | |
| EMPLOYER/BUS. NAME | | | | / / | |
| BUSINESS ADDRESS | | | | | |
| TELEPHONE NO. | | | | / / | |
| | (Continue on separa | (Continue on separate sheet if necessary) | | / / | |
| 26. FATHER'S SURNAME | Lomotos | | | 06 / 24 / 1968 | |
| FIRST NAME | Juanito | Juanito | | | |
| MIDDLE NAME | Lubrido | | | / / | |
| 27. MOTHER'S MAIDEN NAME | | | | / / | |
| SURNAME | Regañon | 12 / 19 / 1973 | | | |
| FIRST NAME | Edna | / / | | | |
| MIDDLE NAME | Caocon | | | / / | |
| | 25. NAMI | E OF CHILD | | / / | |
| | (Write full na | me and list all) | | / / | |
| | | | | / / | |
| | | | | | |
| | | | | / / | |
| | | | | / / | |
| | | | | / / | |

| 37 a. Have you ever been formally cl | Dyes If YES, give | DYES ØNO If YES, give details | | | | | |
|--|-----------------------------|--|-------------|---------------------|--|--|--|
| b. Have you ever been guilty of a | Dyes If YES, give | Dyes ØNO If YES, give details | | | | | |
| 38. Have you ever been convicted of any | ee, Dyes | <u></u> | | | | | |
| ordinance or regulation by any court or | | 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 ØNO If YES, give details | | | | | |
| 40. Have you ever been a candidate in a Barangay election)? | Dyes If YES, give | Dyes ØNO If YES, give details | | | | | |
| 41. Pursuant to: (a) Indigenouse People's Act (RA 837 and Solo Parents Welfare Act 2000 (RA 8972), please | 7277); | | | | | | |
| a. Are you a member of any indigenousb. Are differently abled? | Dyes If YES, give | If YES, give please specify: Dyes ØNO If YES, give please specify: | | | | | |
| c. Are you a solo parent? | Dyes If YES, give | DYES ØNO If YES, give please specify: | | | | | |
| 42. REFERENCES (Person not related by consanguinity or affinity to applicant/appointee) | | | | | | | |
| NAME | A | DRESS | | TEL NO. | | | |
| Yvonne Papa | Cherilyn Apartment Salvador | | | 09568391056 | | | |
| Maurice B. Yraola | Rabaya St., Cor SRP, | | | 09260825939 | | | |
| Wilamarie Jones M. Villaruel | Plaridel St., Looc, Mar | Idaue City | y, Cebu | 09186942003/3260999 | | | |
| 43. EMPLOYMENT RECORD (latest) | DOCITION | | FROM | TO | | | |
| COMPANY NAME | POSITION | + , | FROM | TO | | | |
| Cebu International Academy | Customer Relations Officer | | 02/16/2016 | 03/25/2020 | | | |
| | | | | | | | |
| 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 | | Computer generated or xerox copy of picture is not acceptable | | | | | |
| ISSUED ON (mm/dd/yyyy) | THUMBMARK | | | | | | |
| IN CASE OF EMERGENCY: Please Contact: _Edna Regañon Lomo Contact Number: _09262240891 Relation:Mother | SIGNAT | SIGNATORE (Sign in the box) | | | | | |