



EMPLOYEE PERSONAL DATA SHEET

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

I. PERSONAL INFORMATION

2. SURNAME	<input type="checkbox"/> FERNANDEZ	3. NAME EXTENSION (e.g. Jr., Sr.)	
FIRST NAME	JADE ROXANNE		
MIDDLE NAME	VESTIL		
4. DATE OF BIRTH (mm/dd/yyyy)	11 / 28 / 1979	16. RESIDENTIAL ADDRESS	638A C. PADILLA ST., MAMBALING, CEBU CITY
5. PLACE OF BIRTH	MANILA	ZIP CODE	6000
6. SEX	<input type="checkbox"/> Male <input checked="" type="checkbox"/> Female	17. TELEPHONE NO.	0932-794-2759
7. CIVIL STATUS	<input checked="" type="checkbox"/> Single <input type="checkbox"/> Widowed <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Annulled <input type="checkbox"/> Others, specify _____	18. PERMANENT ADDRESS	638A C. PADILLA ST., MAMBALING, CEBU CITY
8. CITIZENSHIP	FILIPINO	ZIP CODE	6000
9. HEIGHT (m)		19. TELEPHONE NO.	0932-794-2759
10. WEIGHT (kg)	100kg	20. E-MAIL ADDRESS (if any)	jaderoxame.fernandez@gmail.com
11. BLOOD TYPE	B+	21. CELLPHONE NO. (if any)	0932-794-2759
12. GSIS ID NO.		22. AGENCY EMPLOYEE NO.	
13. PAG-IBIG ID NO.	1640-0198-5070	23. TIN	242-388-728-000
14. PHILHEALTH NO.	120504514353		
15. SSS NO.	33-5685620-6		

II. FAMILY BACKGROUND

24. SPOUSE'S SURNAME	25. NAME OF CHILD (Write full name and list all)	DATE OF BIRTH (mm/dd/yyyy)
FIRST NAME	FERNANDEZ, PAOLO JUAQUIN	10 / 29 / 2004
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		/ /
(Continue on separate sheet if necessary)		

<p>37 a. Have you ever been formally charged?</p> <p>b. Have you ever been guilty of any administrative offense?</p>	<p>DYES <input checked="" type="checkbox"/> NO</p> <p>If YES, give details: _____</p> <p>DYES <input checked="" type="checkbox"/> NO</p> <p>If YES, give details: _____</p>
<p>38. Have you ever been convicted of any crime or violation of any law, decree, ordinance or regulation by any court or tribunal?</p>	<p>DYES <input checked="" type="checkbox"/> NO</p> <p>If YES, give details: _____</p>
<p>39. Have you ever been separated from the service in any of the 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?</p>	<p>DYES <input checked="" type="checkbox"/> NO</p> <p>If YES, give details: _____</p>
<p>40. Have you ever been a candidate in a national or local election (except Barangay election)?</p>	<p>DYES <input checked="" type="checkbox"/> NO</p> <p>If YES, give details: _____</p>
<p>41. Pursuant to: (a) Indigenous People's Act (RA 8371); (b) Magna Carta for Disabled Persons (RA 7277); and (c) Solo Parents Welfare Act of 2000 (RA 8972), please answer the following items:</p> <p>a. Are you a member of any indigenous group?</p> <p>b. Are you differently abled?</p> <p>c. Are you a solo parent?</p>	<p>_____</p> <p>DYES <input checked="" type="checkbox"/> NO</p> <p>If YES, please specify: _____</p> <p>DYES <input checked="" type="checkbox"/> NO</p> <p>If YES, please specify: _____</p> <p>DYES <input checked="" type="checkbox"/> NO</p> <p>If YES, please specify: _____</p>

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

NAME	ADDRESS	TEL. NO.	
GENE MC CORTES		09985622798	
ZARAH APLASCA		09213153722	
ERWIN JASPER ARQUILLANO		09988567780	


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

43. 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.
ISSUED AT
/ / ISSUED ON (mm/dd/yyyy)

 SIGNATURE (Sign inside the box)
DATE ACCOMPLISHED

RIGHT THUMBMARK
