



# 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	Ramos	3. NAME EXTENSION (e.g. Jr., Sr.)	
FIRST NAME	Chrystelle May	17. RESIDENTIAL ADDRESS	754 Upper Calajo-an Minglanilla, Cebu
MIDDLE NAME	Daylon	ZIP CODE	6040
4. DATE OF BIRTH (mm/dd/yyyy)	01 / 15 / 1998	18. TELEPHONE NO.	490-4083
5. PLACE OF BIRTH	Cebu City	19. PERMANENT ADDRESS	754 Upper Calajo-an Minglanilla, Cebu
6. SEX	D Male <input checked="" type="checkbox"/> Female	ZIP CODE	6040
7. CIVIL STATUS	<input checked="" type="checkbox"/> Single D Widowed D Married D Separated D Annulled D Others, specify _____	20. TELEPHONE NO.	490-4083
8. CITIZENSHIP	Filipino	21. E-MAIL ADDRESS (if any)	chrymayramos@gmail.com
9. HEIGHT (m)	1.57 m	22. CELLPHONE NO. (if any)	09176274025 / 09778600802
10. WEIGHT (kg)	55 kg	23. EMPLOYEE ID NO.	
11. BLOOD TYPE			
12. GSIS ID NO.			
13. PAG-IBIG ID NO.	121290346222		
14. PHILHEALTH NO.	12-025817062-3		
15. SSS NO.	06-4290382-4		
16. TIN	302-399-379-0000		

## 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	Ramos		
FIRST NAME	Seocrates	11 / 18 / 1957	
MIDDLE NAME	Canencio	/ /	
27. MOTHER'S MAIDEN NAME		/ /	
SURNAME	Daylon	/ /	
FIRST NAME	Ma Clarissa	5 / 4 / 1960	
MIDDLE NAME	Pretencio	/ /	
25. NAME OF CHILD (Write full name and list all)		/ /	
		/ /	
		/ /	
		/ /	
		/ /	

37 a. Have you ever been formally charged? DYES  NO  
If YES, give details

b. Have you ever been guilty of any administrative offense? DYES  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  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?  YES DNO  
If YES, give details  
resignation

40. Have you ever been a candidate in a national or local election (except Barangay election)? DYES  NO  
If YES, give details

41. Pursuant to: (a) Indigenous 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  NO  
If YES, give please specify: \_\_\_\_\_

b. Are differently abled? DYES  NO  
If YES, give please specify: \_\_\_\_\_

c. Are you a solo parent? DYES  NO  
If YES, give please specify: \_\_\_\_\_

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

NAME	ADDRESS	TEL NO.
Marianne Sibunghanoy	3rd Gate Vailacer Bldg. Robinson 67 Coronado Avenue, Cebu City	09155403849

43. EMPLOYMENT RECORD (latest)

COMPANY NAME	POSITION	FROM	TO
Worldtech Information Solutions	HR-Admin	January 2020	August 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 NO. \_\_\_\_\_

ISSUED AT \_\_\_\_\_

/ /

ISSUED ON (mm/dd/yyyy) \_\_\_\_\_

RIGHT THUMBMARK \_\_\_\_\_

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

IN CASE OF EMERGENCY:

Please Contact: Ma. Clarissa B. Ramos

Contact Number: 0917 322 4531

SIGNATURE (Sign in the box)