



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	L A P I T A N		
FIRST NAME	S H A N E N E M A N U E L L E		
MIDDLE NAME	G A L L A R D O		
3. NAME EXTENSION (e.g. Jr., Sr.)			
4. DATE OF BIRTH (mm/dd/yyyy)	09 / 26 / 1997		
5. PLACE OF BIRTH	CEBU CITY		
6. SEX	D Male <input type="checkbox"/> Female <input type="checkbox"/>		
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 _____		
8. CITIZENSHIP	FILIPINO		
9. HEIGHT (m)			
10. WEIGHT (kg)			
11. BLOOD TYPE	A+		
12. GSIS ID NO.	N/A		
13. PAG-IBIG ID NO.	1211-7382-0563		
14. PHILHEALTH NO.	1202-5708-3824		
15. SSS NO.	06-4100960-6		
16. TIN	346-798-961-000		
17. RESIDENTIAL ADDRESS	413-G LIM BLDG P-DEL ROSARIO EXT. BRGY. SAMBAG 1, CEBU CITY		
18. TELEPHONE NO.	236-1067		
19. PERMANENT ADDRESS	413-G LIM BLDG. P-DEL ROSARIO EXT. BRGY. SAMBAG 1, CEBU CITY		
20. TELEPHONE NO.	236-1067		
21. E-MAIL ADDRESS (if any)	shanenlaps4@gmail.com		
22. CELLPHONE NO. (if any)	09159042817		
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	LAPITAN	05 / 18 / 1969
FIRST NAME	JUDE	/ /
MIDDLE NAME	MALE	/ /
27. MOTHER'S MAIDEN NAME		/ /
SURNAME	GALLARDO	04 / 14 / 1969
FIRST NAME	JANET	/ /
MIDDLE NAME	ARRIATE	/ /
25. NAME OF CHILD (Write full name and list all)		/ /
		/ /
		/ /
		/ /
		/ /

37 a. Have you ever been formally charged?	DYES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
	If YES, give details _____ _____
b. Have you ever been guilty of any administrative offense?	DYES <input type="checkbox"/> NO <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"/> NO <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"/> NO <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"/> NO <input checked="" type="checkbox"/>
	If YES, give details _____ _____

41. Pursuant to: (a) Indigenouse 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 <input type="checkbox"/> NO <input checked="" type="checkbox"/> If YES, give please specify: _____
b. Are differently abled?	DYES <input type="checkbox"/> NO <input checked="" type="checkbox"/> If YES, give please specify: _____
c. Are you a solo parent?	DYES <input type="checkbox"/> NO <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.

43. EMPLOYMENT RECORD (latest)			
COMPANY NAME	POSITION	FROM	TO

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.	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				
<table border="1"> <tr> <td>COMMUNITY TAX CERTIFICATE NO.</td> <td rowspan="4">RIGHT THUMBMARK</td> </tr> <tr> <td>ISSUED AT</td> </tr> <tr> <td>/ /</td> </tr> <tr> <td>ISSUED ON (mm/dd/yyyy)</td> </tr> </table>		COMMUNITY TAX CERTIFICATE NO.	RIGHT THUMBMARK	ISSUED AT	/ /
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ISSUED AT					
/ /					
ISSUED ON (mm/dd/yyyy)					

IN CASE OF EMERGENCY: Please Contact: <u>JANET G. LAPITAN</u>	SIGNATURE (Sign in the box) 
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