



## EMPLOYEE PERSONAL DATA SHEET

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

Schedule: \_\_\_\_\_

### I. PERSONAL INFORMATION

Team Lead: \_\_\_\_\_

2. SURNAME	CABUENAS	3. NAME EXTENSION (e.g. Jr., Sr.)	
FIRST NAME	AINEE NERINE	17. RESIDENTIAL ADDRESS	Sitio Buot Punta Engaño Lapu-Lapu City
MIDDLE NAME	CABAÑERO	ZIP CODE	6015
4. DATE OF BIRTH (mm/dd/yyyy)	10 / 03 / 1996	18. TELEPHONE NO.	NA
5. PLACE OF BIRTH	Cebu City	19. PERMANENT ADDRESS	Brgy. Lagtang Talisay City Cebu
6. SEX	<input type="radio"/> Male <input checked="" type="radio"/> Female	ZIP CODE	6045
7. CIVIL STATUS	<input checked="" type="radio"/> Single <input type="radio"/> Widowed <input type="radio"/> Married <input type="radio"/> Separated <input type="radio"/> Annulled <input type="radio"/> Others, specify _____	20. TELEPHONE NO.	NA
8. CITIZENSHIP	FILIPINO	21. E-MAIL ADDRESS (if any)	ainerine1996@gmail.com
9. HEIGHT (m)	1.6	22. CELLPHONE NO. (if any)	09151532811
10. WEIGHT (kg)	50 kg.	23. EMPLOYEE ID NO.	
11. BLOOD TYPE	O+		
12. GSIS ID NO.	NA		
13. PAG-IBIG ID NO.	1211-5701-1127		
14. PHILHEALTH NO.	12-251958500-4		
15. SSS NO.	06-3751668-2		
16. TIN	323-989-221		

### II. FAMILY BACKGROUND

24. SPOUSE'S SURNAME	NA	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	CABUENAS	DATE OF BIRTH	06 / 29 / 1974
FIRST NAME	PETER GLENN		/ /
MIDDLE NAME	RESTAURO		/ /
27. MOTHER'S MAIDEN NAME			/ /
SURNAME	CABAÑERO	DATE OF BIRTH	06 / 23 / 1975
FIRST NAME	CATHERINE		/ /
MIDDLE NAME	COBOL		/ /
25. NAME OF CHILD (Write full name and list all)			/ /
NA			/ /
			/ /
			/ /
			/ /
			/ /

37 a. Have you ever been formally charged?	DYES <input checked="" type="checkbox"/> <del>NO</del> If YES, give details						
b. Have you ever been guilty of any administrative offense?	DYES <input checked="" type="checkbox"/> <del>NO</del> 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 checked="" type="checkbox"/> <del>NO</del> 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 checked="" type="checkbox"/> <del>NO</del> If YES, give details						
40. Have you ever been a candidate in a national or local election (except Barangay election)?	DYES <input checked="" type="checkbox"/> <del>NO</del> If YES, give details <b>To work abroad</b>						
41. Pursuant to: (a) Indigenous People's Act (RA 8371); (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 checked="" type="checkbox"/> <del>NO</del> If YES, give please specify: _____						
b. Are differently abled?	DYES <input checked="" type="checkbox"/> <del>NO</del> If YES, give please specify: _____						
c. Are you a solo parent?	DYES <input checked="" type="checkbox"/> <del>NO</del> If YES, give please specify: _____						
<b>42. REFERENCES</b> (Person not related by consanguinity or affinity to applicant/appointee)							
NAME	ADDRESS	TEL. NO.					
Michaela Fronteras	Doha, Qatar	+97466237188					
Christlie James Divino	Naga City, Cebu	09175590060					
April Mangapis	Minglanilla Cebu	09054912655					
<b>43. EMPLOYMENT RECORD</b> (latest)							
COMPANY NAME	POSITION	FROM	TO				
QATAR AIRWAYS	Cabin Crew	01/2018	11/2020				
SYKES ASIA INC.	CSR	09/2016	01/2018				
STARBUCKS COFFEE	Part-time Barista	11/2015	01/2016				
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.		ID picture taken within the last 6 months 3.5 cm. X 4.5 cm (passport size)					
I also authorize the agency head/ authorized representative to verify/ validate the contents stated herein. I trust that this information shall remain confidential.		Computer generated or xerox copy of picture is not acceptable					
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="text-align: center;">COMMUNITY TAX CERTIFICATE NO.</td></tr> <tr><td style="text-align: center;">ISSUED AT</td></tr> <tr><td style="text-align: center;">/ /</td></tr> <tr><td style="text-align: center;">ISSUED ON (mm/dd/yyyy)</td></tr> </table>	COMMUNITY TAX CERTIFICATE NO.	ISSUED AT	/ /	ISSUED ON (mm/dd/yyyy)	RIGHT THUMBMARK		
COMMUNITY TAX CERTIFICATE NO.							
ISSUED AT							
/ /							
ISSUED ON (mm/dd/yyyy)							
<b>IN CASE OF EMERGENCY:</b> Please Contact: <u>WAYNE ESTARDO</u> Contact Number: <u>09667423052</u> Relation: <u>Partner</u>		<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="text-align: center;">SIGNATURE (Sign in the box)</td></tr> <tr><td style="text-align: center;"><u>01/23/2021</u></td></tr> <tr><td style="text-align: center;">DATE ACCOMPLISHED</td></tr> </table>		SIGNATURE (Sign in the box)	<u>01/23/2021</u>	DATE ACCOMPLISHED	
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