



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? DYES  NO  
If YES, give details

---

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) 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  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.
Ma Christina F. Roman	Mandaue city	
August Nepomuceno		
Nelbha Iglesia	Basak Pardo Cebu city	09328734264

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

COMMUNITY TAX CERTIFICATE NO.
ISSUED AT
/ /
ISSUED ON (mm/dd/yyyy)

RIGHT THUMBMARK

IN CASE OF EMERGENCY:  
Please Contact: April Ann C. Dandan

SIGNATURE (Sign in the box)