



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	S I T O Y		
FIRST NAME	J I M M A N U E L		
MIDDLE NAME	ENCARNACION	3. NAME EXTENSION (e.g. Jr., Sr.)	
4. DATE OF BIRTH (mm/dd/yyyy)	11 / 24 / 1997	17. RESIDENTIAL ADDRESS	#585 CARNATION ST. HILLTOP HOMES SUBDIVISION CONSOLACION CEBU
5. PLACE OF BIRTH	CEBU CITY	ZIP CODE	6001
6. SEX	<input checked="" type="checkbox"/> Male D Female	18. TELEPHONE NO.	(032) 564-3596
7. CIVIL STATUS	<input checked="" type="checkbox"/> Single DWidowed DMarried DSeparated DAnnulled DOthers, specify _____	19. PERMANENT ADDRESS	#585 CARNATION ST. HILLTOP HOMES SUBDIVISION CONSOLACION CEBU
8. CITIZENSHIP	FILIPINO	ZIP CODE	6001
9. HEIGHT (m)	1.68	20. TELEPHONE NO.	(032) 564-3596
10. WEIGHT (kg)	56	21. E-MAIL ADDRESS (if any)	jjsitoy.123@gmail.com
11. BLOOD TYPE	AB+	22. CELLPHONE NO. (if any)	0927-315-3037
12. GSIS ID NO.		23. EMPLOYEE ID NO.	
13. PAG-IBIG ID NO.			
14. PHILHEALTH NO.			
15. SSS NO.	35-0142195-2		
16. TIN			

II. FAMILY BACKGROUND

24. SPOUSE'S SURNAME	NA	DATE OF BIRTH (mm/dd/yyyy)
FIRST NAME	NA	
MIDDLE NAME	NA	/ /
OCCUPATION	NA	/ /
EMPLOYER/BUS. NAME	NA	/ /
BUSINESS ADDRESS	NA	/ /
TELEPHONE NO.	NA	/ /
(Continue on separate sheet if necessary)		
26. FATHER'S SURNAME	SIToy	/ /
FIRST NAME	JOSE GREGO	07 / 22 / 1967
MIDDLE NAME	URACA	/ /
27. MOTHER'S MAIDEN NAME		/ /
SURNAME	ENCARNACION	09 / 01 / 1969
FIRST NAME	REGINA	/ /
MIDDLE NAME	LOPEZ	/ /
25. NAME OF CHILD (Write full name and list all)		
NA		
/ /		
/ /		
/ /		
/ /		
/ /		

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.
DANIEL REYES	TALISAY CITY	09190741662
MARC RUSSEL TAN	GUADALUPE CEBU CITY	09177772155

43. EMPLOYMENT RECORD (latest)

COMPANY NAME	POSITION	FROM	TO
NA	NA	NA	NA

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" 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)	<div style="border: 1px solid black; width: 100px; height: 100px; margin: 0 auto;"></div> <p style="text-align:center;">RIGHT THUMBMARK</p>
COMMUNITY TAX CERTIFICATE NO.					
ISSUED AT					
/ /					
ISSUED ON (mm/dd/yyyy)					

<p>IN CASE OF EMERGENCY:</p> <p>Please Contact: <u>REGINA E. SITOY</u></p> <p>Contact Number: <u>0917-398-3377</u></p> <p>Relation: <u>PARENT</u></p>	<div style="border: 1px solid black; width: 100%; height: 100%; position: relative;"> <p>SIGNATURE (Sign in the box)</p> <hr/> <p>DATE ACCOMPLISHED</p> <p>02/07/2021</p> </div>
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