



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	R O J A S		
FIRST NAME	C H R I S T I N E M A E		
MIDDLE NAME	BELARMINO	3. NAME EXTENSION (e.g. Jr., Sr.)	
4. DATE OF BIRTH (mm/dd/yyyy)	12 / 15 / 1996	17. RESIDENTIAL ADDRESS	Ampalaya Village, Gun-ob, Lapu-lapu City, Cebu
5. PLACE OF BIRTH	CEBU CITY	ZIP CODE	
6. SEX	D Male <input checked="" type="checkbox"/> Female	18. TELEPHONE NO.	
7. CIVIL STATUS	<input checked="" type="checkbox"/> Single D Widowed D Married D Separated D Annulled D Others, specify _____	19. PERMANENT ADDRESS	Same as above
8. CITIZENSHIP	Filipino	ZIP CODE	
9. HEIGHT (m)	5 feet	20. TELEPHONE NO.	
10. WEIGHT (kg)	48 kgs	21. E-MAIL ADDRESS (if any)	rojas.christinetae.ict@gmail.com
11. BLOOD TYPE	type O	22. CELLPHONE NO. (if any)	09955660874
12. GSIS ID NO.		23. EMPLOYEE ID NO.	
13. PAG-IBIG ID NO.	1212 0681 5231		
14. PHILHEALTH NO.	1202-5651-2861		
15. SSS NO.	0640122364		
16. TIN	339-847-769		

II. FAMILY BACKGROUND

24. SPOUSE'S SURNAME	n/a	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	Rojas	03 / 26 / 1974
FIRST NAME	Rolito	/ /
MIDDLE NAME	Morata	/ /
27. MOTHER'S MAIDEN NAME		/ /
SURNAME	Belarmino	03 / 12 / 1975
FIRST NAME	Norievin	/ /
MIDDLE NAME	Sumalinog	/ /
25. NAME OF CHILD (Write full name and list all)		/ /
n/a		/ /
		/ /
		/ /
		/ /
		/ /
		/ /

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.
n/a		

43. EMPLOYMENT RECORD (latest)			
COMPANY NAME	POSITION	FROM	TO
Plantation Bay Resort and Spa	Food Attendant	June 25, 2019	November 5, 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.

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: Norievin Rojas
Contact Number: 09207793957
Relation: Mother


SIGNATURE (Sign in the box)

DATE ACCOMPLISHED