



# EMPLOYEE PERSONAL DATA SHEET

#26

Print legibly. Mark appropriate boxes  with "/\*" and use separate sheet if necessary.

## I. PERSONAL INFORMATION

2. SURNAME	M A L L I N A Y	16. RESIDENTIAL ADDRESS	
FIRST NAME	R E N M A R A N G E L O	17. TELEPHONE NO.	
MIDDLE NAME	C O S V I O L A	18. PERMANENT ADDRESS	0354 SUNSET DR., LAHUG, CEBU CITY
4. DATE OF BIRTH (mm/dd/yyyy)	11 / 01 / 1991	ZIP CODE	6000
5. PLACE OF BIRTH	CALBATOCC CITY	19. TELEPHONE NO.	
6. SEX	<input checked="" type="checkbox"/> Male <input type="checkbox"/> Female	20. E-MAIL ADDRESS (if any)	renmar.angel69@gmail.com
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 _____	21. CELLPHONE NO. (if any)	09352616075
8. CITIZENSHIP	FILIPINO	22. AGENCY EMPLOYEE NO.	
9. HEIGHT (m)	5'4"	23. TIN	
10. WEIGHT (kg)	52 kg.		
11. BLOOD TYPE	O		
12. GSIS ID NO.			
13. PAG-IBIG ID NO.			
14. PHILHEALTH NO.			
15. SSS NO.			

## II. FAMILY BACKGROUND

24. SPOUSE'S SURNAME	25. NAME OF CHILD (Write full name and list all)	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		/ /
FIRST NAME	RENATO	/ /
MIDDLE NAME	YRIBOSA	/ /
27. MOTHER'S MAIDEN NAME		/ /
SURNAME	COSVIOLA	/ /
FIRST NAME	MARITA	/ /
MIDDLE NAME	YRIBOSA	
(Continue on separate sheet if necessary)		

37 a. Have you ever been formally charged?  
 b. Have you ever been guilty of any administrative offense?

38. Have you ever been convicted of any crime or violation of any law, decree, ordinance or regulation by any court or tribunal?

39. Have you ever been separated from the service in any of the 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?

40. Have you ever been a candidate in a national or local election (except Barangay election)?

41. Pursuant to: (a) Indigenous People's Act (RA 8371); (b) Magna Carta for Disabled Persons (RA 7277); and (c) Solo Parents Welfare Act of 2000 (RA 8972), please answer the following items:

a. Are you a member of any indigenous group?  
 b. Are you differently abled?  
 c. Are you a solo parent?

42. REFERENCES (Person not related by consanguinity or affinity to applicant / appointee)

NAME	ADDRESS	TEL. NO.
FAITH JACEL ENARDO	CONSOLACION, CEBU CITY	09354232212
CEMILYN DAZO	TALAMBAN, CEBU CITY	09368284576
CHARMIE ESTRADA	TALAMBAN, CEBU CITY	09260098803

43. 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

051 301 2017

ISSUED ON (mm/dd/yyyy)

  
 SIGNATURE (Sign inside the box)

DATE ACCOMPLISHED

05/30/2017

RIGHT THUMBMARK