



EMPLOYEE PERSONAL DATA SHEET

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

I. PERSONAL INFORMATION

2. SURNAME	NARVAS		
FIRST NAME	JOANA MARIE		
MIDDLE NAME	COMPAYAN	3. NAME EXTENSION (e.g. Jr., Sr.)	
4. DATE OF BIRTH (mm/dd/yyyy)	MAY 18 1990	16. RESIDENTIAL ADDRESS	4TH ST. GUNDAVILLE GUADALAJARA GUADALUPE CEBU
5. PLACE OF BIRTH	OLONGAPO CITY	ZIP CODE	6000
6. SEX	<input checked="" type="checkbox"/> Male <input type="checkbox"/> Female	17. TELEPHONE NO.	
7. CIVIL STATUS	<input type="checkbox"/> Single <input type="checkbox"/> Widowed <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Annulled <input type="checkbox"/> Others, specify _____	18. PERMANENT ADDRESS	TAPILON, DAKNBANTAYAN, CEBU
8. CITIZENSHIP	FILIPINO	ZIP CODE	6013
9. HEIGHT (m)	4'11	19. TELEPHONE NO.	
10. WEIGHT (kg)	60KG	20. E-MAIL ADDRESS (if any)	jnarvas76@gmail.com
11. BLOOD TYPE	O+	21. CELLPHONE NO. (if any)	09451496087
12. GSIS ID NO.		22. AGENCY EMPLOYEE NO.	
13. PAG-IBIG ID NO.	121052343067	23. TIN	312-657-136
14. PHILHEALTH NO.	120570720909		
15. SSS NO.	063053503-9		

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	SETH ANDRUE NARVAS	APRIL 17 2011
MIDDLE NAME		/ /
OCCUPATION		/ /
EMPLOYER/BUS. NAME		/ /
BUSINESS ADDRESS		/ /
TELEPHONE NO.		/ /
(Continue on separate sheet if necessary)		
26. FATHER'S SURNAME	NARVAS	/ /
FIRST NAME	MANUEL	/ /
MIDDLE NAME	MATOCINO	/ /
27. MOTHER'S MAIDEN NAME		/ /
SURNAME	REYES COMPAYAN	/ /
FIRST NAME	JOCELYN	/ /
MIDDLE NAME	REYES	/ /
(Continue on separate sheet if necessary)		

<p>37 a. Have you ever been formally charged?</p> <p>b. Have you ever been guilty of any administrative offense?</p>	<p>DYES <input checked="" type="checkbox"/> NO</p> <p>If YES, give details: _____</p> <p>DYES <input checked="" type="checkbox"/> NO</p> <p>If YES, give details: _____</p>
<p>38. Have you ever been convicted of any crime or violation of any law, decree, ordinance or regulation by any court or tribunal?</p>	<p>DYES <input checked="" type="checkbox"/> NO</p> <p>If YES, give details: _____</p>
<p>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?</p>	<p>DYES <input checked="" type="checkbox"/> NO</p> <p>If YES, give details: _____</p>
<p>40. Have you ever been a candidate in a national or local election (except Barangay election)?</p>	<p>DYES <input checked="" type="checkbox"/> NO</p> <p>If YES, give details: _____</p>
<p>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:</p> <p>a. Are you a member of any indigenous group?</p> <p>b. Are you differently abled?</p> <p>c. Are you a solo parent?</p>	<p>DYES <input checked="" type="checkbox"/> NO</p> <p>If YES, please specify: _____</p> <p>DYES <input checked="" type="checkbox"/> NO</p> <p>If YES, please specify: _____</p> <p><input checked="" type="checkbox"/> YES DNO</p> <p>If YES, please specify: _____</p>

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

NAME	ADDRESS	TEL. NO.
HEIDI ORTOUSTE	VILLALEYSON TALAMBAN CEBU	09951579168
JOSE MIGUEL ABAD	TOLEDO CITY	09178204416


ID picture taken within the last 6 months
3.5 cm. X 4.5 cm
(passport size)

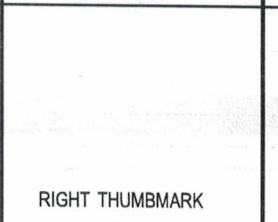
Computer generated or xerox copy of picture is not acceptable

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.

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

 SIGNATURE (Sign inside the box)
DATE ACCOMPLISHED 3/20/17


RIGHT THUMBMARK