



EMPLOYEE PERSONAL DATA SHEET

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

PERSONAL INFORMATION

| | | | |
|-------------------------------|--|-----------------------------------|--|
| 2. SURNAME | M A N A L | | |
| FIRST NAME | N I N O A N G E L O | | |
| MIDDLE NAME | Q U I N A L | 3. NAME EXTENSION (e.g. Jr., Sr.) | |
| 4. DATE OF BIRTH (mm/dd/yyyy) | 11 10 51 1992 | 16. RESIDENTIAL ADDRESS | |
| 5. PLACE OF BIRTH | CEBU CITY | 42-G LOREGA ST., CEBU CITY | |
| 6. SEX | <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female | ZIP CODE | |
| 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 _____ | 17. TELEPHONE NO. | |
| 8. CITIZENSHIP | FILIPINO | 18. PERMANENT ADDRESS | |
| 9. HEIGHT (m) | 1.79 m | 42-G LOREGA ST., CEBU CITY | |
| 10. WEIGHT (kg) | 79 kg | ZIP CODE | |
| 11. BLOOD TYPE | | 19. TELEPHONE NO. | |
| 12. GSIS ID NO. | | 20. E-MAIL ADDRESS (if any) | |
| 13. PAG-IBIG ID NO. | | lvbiangelomanal@gmail.com | |
| 14. PHILHEALTH NO. | | 21. CELLPHONE NO. (if any) | |
| 15. SSS NO. | | 09336183778 | |
| | | 22. AGENCY EMPLOYEE NO. | |
| | | 23. TIN | |

FAMILY BACKGROUND

| 4. 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) | | |
| 6. FATHER'S SURNAME | | / / |
| FIRST NAME | MANAL | / / |
| MIDDLE NAME | ALLAN | / / |
| | LUMAYA | / / |
| 7. MOTHER'S MAIDEN NAME | | / / |
| SURNAME | QUINAL | / / |
| FIRST NAME | ANGELINA | / / |
| MIDDLE NAME | MATURAN | / / |
| (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>ES <input checked="" type="checkbox"/> DNO</p> <p>If YES, give details:</p> <hr/> <hr/> <p>DYES <input checked="" type="checkbox"/> DNO</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"/> DNO</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"/> DNO</p> <p>If YES, give details: <i>Used to pass resignation to my very first employer. (Qualpon)</i></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"/> DNO</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"/> DNO</p> <p>If YES, please specify:</p> <p>DYES <input checked="" type="checkbox"/> DNO</p> <p>If YES, please specify:</p> <p>DYES <input checked="" type="checkbox"/> DNO</p> <p>If YES, please specify:</p> |

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

| NAME | ADDRESS | TEL. NO. |
|------|---------|----------|
| | | |
| | | |
| | | |

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. | SIGNATURE (Sign inside the box) | RIGHT THUMBMARK |
| ISSUED AT | | |
| 09 / 06 / 2014 | DATE ACCOMPLISHED | |
| ISSUED ON (mm/dd/yyyy) | | |



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| OCCUPATION | | | / / |
| EMPLOYER/BUS. NAME | | | / / |
| BUSINESS ADDRESS | | | / / |
| TELEPHONE NO. | | | / / |
| (Continue on separate sheet if necessary) | | | |
| 6. FATHER'S SURNAME | M A N A L | | / / |
| FIRST NAME | A L L A N | | / / |
| MIDDLE NAME | L U M A Y A | | / / |
| 7. MOTHER'S MAIDEN NAME | | | / / |
| SURNAME | Q U I N A L | | / / |
| FIRST NAME | A N G E L I N A | | / / |
| MIDDLE NAME | M A T U R A N | | / / |
| (Continue on separate sheet if necessary) | | | |