



EMPLOYEE PERSONAL DATA SHEET

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

I. PERSONAL INFORMATION

2. SURNAME	AMISTOSO		
FIRST NAME	ROWALDIN		
MIDDLE NAME	BALOBO	3. NAME EXTENSION (e.g. Jr., Sr.)	
4. DATE OF BIRTH (mm/dd/yyyy)	12	108	1989
5. PLACE OF BIRTH	CEBU CITY		
6. SEX	<input checked="" type="checkbox"/> Male <input type="checkbox"/> Female		
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 _____		
8. CITIZENSHIP	FILIPINO		
9. HEIGHT (m)	5'8 1/2		
10. WEIGHT (kg)	65 kgr.		
11. BLOOD TYPE	O+		
12. GSIS ID NO.			
13. PAG-IBIG ID NO.	121124839894		
14. PHILHEALTH NO.	120511783459		
15. SSS NO.	06-3369762-8		
16. RESIDENTIAL ADDRESS	229-F-SALVADOR EXT. LABANGON, CEBU CITY		
17. TELEPHONE NO.	6000 232-2227		
18. PERMANENT ADDRESS	229-F-SALVADOR EXT. LABANGON CEBU CITY		
19. TELEPHONE NO.	6000 232-2227		
20. E-MAIL ADDRESS (if any)	onepieceprty@yahoo.com		
21. CELLPHONE NO. (if any)	09235784381 / 09771555421		
22. AGENCY EMPLOYEE NO.			
23. TIN	446-094-142		

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	AMISTOSO	FEB 12 1953
FIRST NAME	CONRADO	/ /
MIDDLE NAME	PINOS	/ /
27. MOTHER'S MAIDEN NAME		/ /
SURNAME	(AMISTOSO) BALOBO	MARCH 13 1954
FIRST NAME	BONIFACIA	/ /
MIDDLE NAME	(BALOBO) RIVERA	
(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>_____</p> <p>_____</p> <p>DYES <input checked="" type="checkbox"/> NO</p> <p>If YES, give details:</p> <p>_____</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>_____</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>_____</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>_____</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>_____</p> <p>DYES <input checked="" type="checkbox"/> NO</p> <p>If YES, please specify:</p> <p>_____</p> <p>DYES <input checked="" type="checkbox"/> NO</p> <p>If YES, please specify:</p> <p>_____</p> <p>DYES <input checked="" type="checkbox"/> NO</p> <p>If YES, please specify:</p> <p>_____</p>

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

NAME	ADDRESS	TEL. NO.
AARON NYL S. REMULTA	ARGAO, CEBU	09562777178
JOANNES L. NOEL	ARGAO, CEBU	09177902446
LOLITA Z. DINOPOL	KATIPUNAN ST. LABANGON, C.C.	09333983234

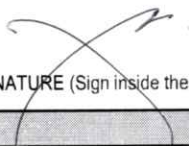
ID picture taken within the last 6 months
3.5 cm. X 4.5 cm
(passport size)

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

RIGHT THUMBMARK
