



# EMPLOYEE PERSONAL DATA SHEET

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

## I. PERSONAL INFORMATION

|                               |  |                                   |  |
|-------------------------------|--|-----------------------------------|--|
| 2. SURNAME                    | D E M E T E R I O  |                                   |  |
| FIRST NAME                    | L Y L E K E E L Y S H A Y E  |                                   |  |
| MIDDLE NAME                   | DINGLASA   | 3. NAME EXTENSION (e.g. Jr., Sr.) |  |
| 4. DATE OF BIRTH (mm/dd/yyyy) | 08 / 20 / 1997   | 16. RESIDENTIAL ADDRESS           | 325 - Q URGELLO ST. CEBU CITY                            |
| 5. PLACE OF BIRTH             | TAGUM CITY, DAVAO DEL NORTE  | ZIP CODE                          | 6000   |
| 6. SEX                        | <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female   | 17. TELEPHONE NO.                 | 234 7252   |
| 7. CIVIL STATUS               | <input checked="" type="checkbox"/> Single <input type="checkbox"/> Widowed<br><input type="checkbox"/> Married <input type="checkbox"/> Separated<br><input type="checkbox"/> Annulled <input type="checkbox"/> Others, specify _____ | 18. PERMANENT ADDRESS             | STO. NIÑO STREET, SMI, NONOC, TABUNOK, TAUSAY CITY, CEBU |
| 8. CITIZENSHIP                | FILIPINO   | 19. TELEPHONE NO.                 |  |
| 9. HEIGHT (m)                 | 4'11   | 20. E-MAIL ADDRESS (if any)       | zyreace03@gmail.com                                      |
| 10. WEIGHT (kg)               | 50kg   | 21. CELLPHONE NO. (if any)        | 0944263698   |
| 11. BLOOD TYPE                | A+   | 22. AGENCY EMPLOYEE NO.           |  |
| 12. GSIS ID NO.               |  | 23. TIN                           |  |
| 13. PAG-IBIG ID NO.           |  |                                   |  |
| 14. PHILHEALTH NO.            | 12-025469417-2   |                                   |  |
| 15. SSS NO.                   | 06-3745626-3   |                                   |  |

## 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                                | ZYDRAKE DWYANE DEMETERIO                         | 04 / 21 / 2013             |
| MIDDLE NAME                               |  | / /                        |
| OCCUPATION                                |  | / /                        |
| EMPLOYER/BUS. NAME                        |  | / /                        |
| BUSINESS ADDRESS                          |  | / /                        |
| TELEPHONE NO.                             |  | / /                        |
| (Continue on separate sheet if necessary) |  |                            |
| 26. FATHER'S SURNAME                      | M DEMETERIO                                      | 08 / 26 / 1973             |
| FIRST NAME                                | LYLE   | / /                        |
| MIDDLE NAME                               | SATO   | / /                        |
| 27. MOTHER'S MAIDEN NAME                  |  | 01 / 05 / 1973             |
| SURNAME                                   | DINGLASA   | / /                        |
| FIRST NAME                                | BERNADETTE                                       | / /                        |
| MIDDLE NAME                               | ENHAMBRE   |                            |
| (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<br/>If YES, give details:</p> <p>_____</p> <p>_____</p> <p>DYES <input checked="" type="checkbox"/> NO<br/>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<br/>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 type="checkbox"/> NO<br/>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<br/>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>_____</p> <p>_____</p> <p>DYES <input checked="" type="checkbox"/> NO<br/>If YES, please specify:</p> <p>DYES <input checked="" type="checkbox"/> NO<br/>If YES, please specify:</p> <p>DYES <input type="checkbox"/> NO<br/>If YES, please specify: SINGLE MOM</p> |

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

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


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)        |

|  |
|--|
| <br>SIGNATURE (Sign inside the box) |
| DATE ACCOMPLISHED  |

|                 |
|-----------------|
| RIGHT THUMBMARK |
|-----------------|