



EMPLOYEE PERSONAL DATA SHEET

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

PERSONAL INFORMATION

| | | | |
|-----------------------------|--|--|------------|
| SURNAME | | CASIPONGI | |
| FIRST NAME | | MARISA | |
| MIDDLE NAME | | FAT | |
| DATE OF BIRTH (mm/dd/yyyy) | | 04 | 01/11/1990 |
| PLACE OF BIRTH | | Bulak Dumanjug Cebu City | |
| SEX | | <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female | |
| 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 _____ | |
| CITIZENSHIP | | FILIPINO | |
| HEIGHT (m) | | 5'2 | |
| WEIGHT (kg) | | 60kg | |
| BLOOD TYPE | | B | |
| SSS ID NO. | | | |
| PAG-IBIG ID NO. | | | |
| PHILHEALTH NO. | | | |
| TIN | | | |
| 16. RESIDENTIAL ADDRESS | | SALVADOR ST LABANGON CEBU CITY | |
| ZIP CODE | | 6000 | |
| 17. TELEPHONE NO. | | | |
| 18. PERMANENT ADDRESS | | BULAK DUMANJUG CEBU CITY | |
| ZIP CODE | | 6035 | |
| 19. TELEPHONE NO. | | | |
| 20. E-MAIL ADDRESS (if any) | | lvbimarissacasipongi@gmail.com | |
| 21. CELLPHONE NO. (if any) | | 09227922744 | |
| 22. AGENCY EMPLOYEE NO. | | | |
| 23. TIN | | | |

FAMILY BACKGROUND

| 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) | | |
| FATHER'S SURNAME | CASIPONG | / / |
| FIRST NAME | FELIX | / / |
| MIDDLE NAME | BLANCO | / / |
| MOTHER'S MAIDEN NAME | | / / |
| SURNAME | FAT | / / |
| FIRST NAME | ALICIA | / / |
| MIDDLE NAME | TORMIS | / / |
| (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>YES <input checked="" type="radio"/> NO</p> <p>If YES, give details:</p> <hr/> <hr/> <p>DYES <input checked="" type="radio"/> 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="radio"/> 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="radio"/> 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="radio"/> 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="radio"/> NO</p> <p>If YES, please specify:</p> <hr/> <p>DYES <input checked="" type="radio"/> NO</p> <p>If YES, please specify:</p> <hr/> <p>DYES <input checked="" type="radio"/> NO</p> <p>If YES, please specify:</p> <hr/> |

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

| NAME | ADDRESS | TEL. NO. |
|---------------------|---------|-------------|
| RYAN KARL ALEJANDRE | | |
| MAKILYN FAT | | 09236159012 |

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

| | | |
|--------------------------------------|---|------------------------|
| <p>COMMUNITY TAX CERTIFICATE NO.</p> | <p></p> <p>SIGNATURE (Sign inside the box)</p> | <p>RIGHT THUMBMARK</p> |
| <p>ISSUED AT</p> <p>/ /</p> | <p>09-08-16</p> <p>DATE ACCOMPLISHED</p> | |
| <p>ISSUED ON (mm/dd/yyyy)</p> | | |