



EMPLOYEE PERSONAL DATA SHEET

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

PERSONAL INFORMATION

SURNAME		F I G U E R A	
FIRST NAME		C H E R R Y L Y N	
MIDDLE NAME		VILLAJOS	3. NAME EXTENSION (e.g. Jr., Sr.)
DATE OF BIRTH (mm/dd/yyyy)		07 11 1989	16. RESIDENTIAL ADDRESS
PLACE OF BIRTH			28-F Lorega Lomar St. Cebu City
SEX		<input checked="" type="checkbox"/> Male <input type="checkbox"/> Female	ZIP CODE
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 _____	6000
CITIZENSHIP		FILIPINO	17. TELEPHONE NO.
HEIGHT (m)		5'2	18. PERMANENT ADDRESS
WEIGHT (kg)		50 Kgr.	28-F Lorega Lomar St. Cebu City
BLOOD TYPE		B+	ZIP CODE
AGSIS ID NO.			6000
PAG-IBIG ID NO.		121057758360	19. TELEPHONE NO.
PHILHEALTH NO.		120511107984	20. E-MAIL ADDRESS (if any)
SSS NO.		06 - 2731136 - 3	chyx0710@yahoo.com
			21. CELLPHONE NO. (if any)
			22. AGENCY EMPLOYEE NO.
			23. TIN
			311 - 681 - 458

FAMILY BACKGROUND

WIFE'S SURNAME	25. NAME OF CHILD (Write full name and list all)	DATE OF BIRTH (mm/dd/yyyy)
FIRST NAME	Khimarhoss Dominique Roble	03 11 2014
MIDDLE NAME		/ /
OCCUPATION		/ /
EMPLOYER/BUS. NAME		/ /
BUSINESS ADDRESS		/ /
TELEPHONE NO.		/ /
(Continue on separate sheet if necessary)		
FATHER'S SURNAME	FIGUERA	/ /
FIRST NAME	DIOSDADO	/ /
MIDDLE NAME	COYOCA	/ /
MOTHER'S MAIDEN NAME		/ /
SURNAME	VILLAJOS	/ /
FIRST NAME	THELMA	/ /
MIDDLE NAME	CONDE	
(Continue on separate sheet if necessary)		

37 a. Have you ever been formally charged? YES NO
 If YES, give details: _____

b. Have you ever been guilty of any administrative offense? DYES DNO
 If YES, give details: _____

38. Have you ever been convicted of any crime or violation of any law, decree, ordinance or regulation by any court or tribunal? DYES DNO
 If YES, give details: _____

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? DYES DNO
 If YES, give details: _____

40. Have you ever been a candidate in a national or local election (except Barangay election)? DYES DNO
 If YES, give details: _____

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:

a. Are you a member of any indigenous group? DYES DNO
 If YES, please specify: _____


b. Are you differently abled? DYES DNO
 If YES, please specify: _____

c. Are you a solo parent? DYES DNO
 If YES, please specify: _____

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

NAME	ADDRESS	TEL. NO.
Anthony Tabiar	Cabantian St. Brgy. Luz	
Ryan Alejandre	Cebu City	
Ms. Irene Ravalas	Talisay City	

ID picture taken within




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)
 09/07/2016
 DATE ACCOMPLISHED

RIGHT THUMBMARK