



EMPLOYEE PERSONAL DATA SHEET

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

Schedule: 10 - 9AM

I. PERSONAL INFORMATION

Team Lead: MARISA

2. SURNAME	VILLARROBLO		
FIRST NAME	ROCHELLE		
MIDDLE NAME	ENLOY		
3. NAME EXTENSION (e.g. Jr., Sr.)			
4. DATE OF BIRTH (mm/dd/yyyy)	09 / 29 / 91		
5. PLACE OF BIRTH	BAYANON CITY Neg. Oc.		
6. SEX	<input type="radio"/> Male <input checked="" type="radio"/> Female		
7. CIVIL STATUS	<input checked="" type="radio"/> Single <input type="radio"/> Widowed <input type="radio"/> Married <input type="radio"/> Separated <input type="radio"/> Annulled <input type="radio"/> Others, specify _____		
17. RESIDENTIAL ADDRESS	Ma. Theresa Village Guadalupe Cebu City		
18. TELEPHONE NO.	ZIP CODE 6000		
21. E-MAIL ADDRESS (if any)	richvillarro29@gmail.com		
19. PERMANENT ADDRESS	Brgy. Po-ole Hinoba-an Negros Occidental		
22. CELLPHONE NO. (if any)	0995907441		
23. EMPLOYEE ID NO.	298		
	ZIP CODE 6114		

II. FAMILY BACKGROUND

24. SPOUSE'S SURNAME		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	VILLARROBLO	11 / 24 / 1966
FIRST NAME	EWIS	/ /
MIDDLE NAME	DELAN	/ /
27. MOTHER'S MAIDEN NAME		/ /
SURNAME	Gallora	/ /
FIRST NAME	Ruth	/ /
MIDDLE NAME	Engoy	/ /
25. NAME OF CHILD (Write full name and list all)		/ /
		/ /
		/ /
		/ /
		/ /

44. 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)

IN CASE OF EMERGENCY:

Please Contact: Ruth Villarro

M. +



PERSONAL DATA SHEET

WARNING: Any misrepresentation made in the Personal Data Sheet and the Work Experience Sheet shall cause the filing of administrative/criminal case/s against the person concerned.

Print legibly. Tick appropriate boxes and use barate sheet if necessary. Indicate N/A if not applicable. **DO NOT ABBREVIATE.**

I. PERSONAL INFORMATION

2. SURNAME	Villarete		
FIRST NAME	Rich Beth	NAME EXTENSION (JR., SR)	
MIDDLE NAME	Engay		
3. DATE OF BIRTH (mm/dd/yyyy)	September 29, 1991	18. CITIZENSHIP	<input checked="" type="checkbox"/> Filipino <input type="checkbox"/> Dual Citizenship
4. PLACE OF BIRTH	Bayawan City, Neg. Or.	if holder of dual citizenship, please indicate the details.	<input type="checkbox"/> by birth <input type="checkbox"/> by naturalization
5. SEX	<input type="checkbox"/> Male <input checked="" type="checkbox"/> Female		Pls. indicate country:
6. CIVIL STATUS	<input checked="" type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Separated <input type="checkbox"/> Other/s:	17. RESIDENTIAL ADDRESS	Brgy. Po-ok Hinoba-an Neg. Occ. House/Block/Lot No. Street
7. HEIGHT (m)	5.3	ZIP CODE	Subdivision/Village Barangay
8. WEIGHT (kg)	47		Hinoba-an Neg. Occ. City/Municipality Province
9. BLOOD TYPE	AB	18. PERMANENT ADDRESS	House/Block/Lot No. Street
10. GSIS ID NO.		ZIP CODE	Subdivision/Village Barangay
11. PAG-IBIG ID NO.			City/Municipality Province
12. PHILHEALTH NO.		19. TELEPHONE NO.	
13. SSS NO.	07-2668090-8	20. MOBILE NO.	09275361805
14. TIN NO.	314-424-016	21. E-MAIL ADDRESS (if any)	richvillarete29@gmail.com

II. FAMILY BACKGROUND

22. SPOUSE'S SURNAME		23. NAME of CHILDREN (Write full name and list all)	DATE OF BIRTH (mm/dd/yyyy)
FIRST NAME			
MIDDLE NAME			
OCCUPATION			
EMPLOYER/BUSINESS NAME			
BUSINESS ADDRESS			
TELEPHONE NO.			
24. FATHER'S SURNAME	Villarete		
FIRST NAME	Elvis	NAME EXTENSION (JR., SR)	
MIDDLE NAME	Delfin		
25. MOTHER'S MAIDEN NAME			
SURNAME	Engay		
FIRST NAME	Ruth		
MIDDLE NAME	Gallata		

(Continue on separate sheet if necessary)

III. EDUCATIONAL BACKGROUND

26. LEVEL	NAME OF SCHOOL (Write in full)	BASIC EDUCATION/DEGREE/COURSE (Write in full)	PERIOD OF ATTENDANCE		HIGHEST LEVEL/ UNITS EARNED (if not graduated)	YEAR GRADUATED	SCHOLARSHIP/ ACADEMIC HONORS RECEIVED
			From	To			
ELEMENTARY	Goshen SDA Multi-grade sch.						
SECONDARY	Bilbao Urbico Natl. High Sch.						
VOCATIONAL / TRADE COURSE							
COLLEGE	Negos Oriental State University	BSTaurism			3rd		
GRADUATE STUDIES							

(Continue on separate sheet if necessary)

SIGNATURE		DATE	July 27, 2017
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27. Are you related by consanguinity or affinity to the appointing or recommending authority, or to the chief of bureau or office or to the person who has immediate supervision over you in the Office, Bureau or Department where you will be appointed,

a. within the third degree? YES NO

b. within the fourth degree (for Local Government Unit - Career Employees)? YES NO

If YES, give details: _____

28. a. Have you ever been found guilty of any administrative offense? YES NO

If YES, give details: _____

b. Have you been criminally charged before any court? YES NO

If YES, give details: _____
Date Filed: _____
Status of Case/s: _____

29. Have you ever been convicted of any crime or violation of any law, decree, ordinance or regulation by any court or tribunal? YES NO

If YES, give details: _____

30. 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 or phased out (abolition) in the public or private sector? YES NO

If YES, give details: _____

31. a. Have you ever been a candidate in a national or local election held within the last year (except Barangay election)? YES NO

If YES, give details: _____

b. Have you resigned from the government service during the three (3)-month period before the last election to promote/actively campaign for a national or local candidate? YES NO

If YES, give details: _____

32. Have you acquired the status of an immigrant or permanent resident of another country? YES NO

If YES, give details (country): _____

33. 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? YES NO

If YES, please specify: _____

b. Are you a person with disability? YES NO

If YES, please specify ID No: _____

c. Are you a solo parent? YES NO

If YES, please specify ID No: _____

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

NAME	ADDRESS	TEL. NO.
Ronel Gilb	Cebu City	
Atty. Jodybome Octavio	Hinoba-an Neg. Occ.	
Donna Marie See	Cebu City	

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

With full and handwritten name tag and signature over printed name

Computer generated or photocopied picture is not acceptable

PHOTO

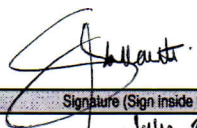
35. I declare under oath that I have personally accomplished this Personal Data Sheet which is a true, correct and complete statement pursuant to the provisions of pertinent laws, rules and regulations of the Republic of the Philippines. I authorize the agency head/authorized representative to verify/validate the contents stated herein. I agree that any misrepresentation made in this document and its attachments shall cause the filing of administrative/criminal case/s against me.

Government Issued ID (i.e. Passport, GSIS, SSS, PRC, Driver's License, etc.)
PLEASE INDICATE ID Number and Date of Issuance

Government Issued ID: _____

ID/License/Passport No.: _____

Date/Place of Issuance: _____



Signature (Sign inside the box)

July 24, 2017

Date Accomplished

Right Thumbmark

SUBSCRIBED AND SWORN to before me this _____, affiant exhibiting his/her validly issued government ID as indicated above.

Person Administering Oath