**PERSONAL DATA SHEET**

PHOTO

2 x 2



### PERSONAL DATA

 **I. PERSONAL INFORMATION**

|  |  |
| --- | --- |
| POSITION/S APPLIED FOR1. 2.
 | HOW DID YOU COME TO KNOW OF THE POSITION?      |
|  FAMILY NAME FIRST NAME MIDDLE NAME                    | NICKNAME      |
| PRESENT ADDRESS *(# Street, Barangay, City, Province, ZIP)*      |
| PERMANENT ADDRESS (# Street, Barangay, City, Province, ZIP)      |
| PROVINCIAL ADDRESS (# Street, Barangay, City, Province, ZIP)      |
| PLACE OF BIRTH       | CITIZENSHIP      |  |  |
| E-MAIL       | FATHER’S NAME OCCUPATION/EMPLOYER              |
| MOBILE NO.      | MOTHER’S MAIDEN NAME OCCUPATION/EMPLOYER              |
| TELEPHONE NO.      | NAME OF SPOUSE OCCUPATION/EMPLOYER               |
| NAME OF YOUR CHILDREN 1)       2)       3)        | NAME OF YOUR CHILDREN 4)       5)       6)        |
| PERSON TO CONTACT NAME ADDRESS TELEPHONE NO. RELATIONSHIPIN CASE OF EMERGENCY:                         |
| EDUCATION |
| EDUCATIONAL ATTAINMENT | NAME OF SCHOOL | COURSE | FROM | TO | HIGHEST LEVEL COMPLETED |
| HIGH SCHOOL |       |       |       |       |       |
| VOCATIONAL SCHOOL |       |       |       |       |       |
| COLLEGE |       |       |       |       |       |
| POST GRADUATE |       |       |       |       |       |
|       |       |       |       |       |
|       |       |       |       |       |

|  |  |  |
| --- | --- | --- |
| NATURE OR TITLE OF SEMINAR, WORKSHOP,SPECIAL COURSE, OR FELLOWSHIP | NAME AND LOCATION OF INSTITUTION | INCLUSIVE DATES ATTENDED |
|       |       |       |
|       |       |       |
|       |       |       |

### TRAININGS



#### SKILLS

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| SPECIAL SKILLS/ OTHER QUALIFICATIONS | YES | NO | SPECIAL SKILLS / OTHER QUALIFICATIONS | YES | NO |
| COMPUTER SKILLS (SPECIFY SOFTWARE) | [ ]  | [ ]  | LABORATORY WORK | [ ]  | [ ]  |
| COMPUTER REPAIR/ MAINTENANCE | [ ]  | [ ]  | DRIVING (Specify type of license) | [ ]  | [ ]  |
| ACCOUNTING  | [ ]  | [ ]  | SKILLED WORK: (Pls. specify)(e.g., electrical, carpentry, painting, plumbing, welding, automotive, mason ) | [ ]  | [ ]  |
| CASHIERING | [ ]  | [ ]  | OTHERS: (Pls. specify)      |
| PROFESSIONAL ELIGIBILITY: LICENSE NO:             | REGISTRATION DATE: VALIDITY:            |

#### ACTIVITIES

|  |
| --- |
| MEMBERSHIP IN ORGANIZATIONS AND CLUBS      |
| HOBBIES & RECREATIONAL ACTIVITIES      |

#### WORK EXPERIENCE

 Employment record outside the University. Please start with the most recent. Please attach your resume.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| INCLUSIVE DATES OF EMPLOYMENT | COMPANY NAME & ADDRESS | POSITION | SALARY | WORK HOURS PER WEEK | NUMBER OF REPORTING DAYS PER WEEK | REASON FOR LEAVING |
|       |       |       |       |       |  |  |
|       |       |       |       |       |  |  |
|       |       |       |       |       |  |  |

 Employment record in the Ateneo de Manila University. Please start with the most recent.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| INCLUSIVE DATES OF EMPLOYMENT | COMPANY NAME & ADDRESS | POSITION | SALARY | WORK HOURS PER WEEK | NUMBER OF REPORTING DAYS PER WEEK | REASON FOR LEAVING |
|       |       |       |       |       |  |  |
|       |       |       |       |       |  |  |
|       |       |       |       |       |  |  |

#### REFERENCES

|  |
| --- |
| PROFESSIONAL REFERENCES: (Faculty, Academic Adviser, and/or Previous Supervisor; Exclude Relatives)  NAME COMPANY AND ADDRESS POSITION TEL NUMBER EMAIL |
| 1.                               |
| 2.                               |
| 3.                               |
| 4.                               |

|  |  |  |
| --- | --- | --- |
| What is your blood type?      | When was your last chest x-ray?      | What was the result?      |

|  |
| --- |
| DO YOU HAVE ANY CIRCUMSTANCE/CONSIDERATIONS THAT MIGHT AFFECT YOUR EMPLOYMENT IN THE UNIVERSITY IF HIRED (E.G plans of migrating, further studies, and health?) [ ]  YES [ ]  NO If yes, please give details:       |
| HAVE YOU EVER BEEN SUBJECTED TO ANY DISCIPLINARY ACTION IN ANY OF YOUR PREVIOUS EMPLOYMENT? [ ]  YES [ ]  NOIf yes, please give details:       |
| HAVE YOU EVER BEEN CONVICTED FOR ANY OFFENSE? [ ]  YES [ ]  NO If yes, please give details:       |
| HAVE YOU WORKED WITH MINORS BEFORE? [ ]  YES [ ]  NO If yes, what was the nature of your engagement? (e.g. teaching, tutoring):  |

#### HEALTH

|  |  |  |  |
| --- | --- | --- | --- |
| DETAILS | YES | NO | IF YES, NATURE OF ILLNESS |
| Have you been hospitalized previously? | [ ]  | [ ]  |       |
| Have you undergone surgery previously? | [ ]  | [ ]  |       |
| Do you currently undergo any treatment? | [ ]  | [ ]  |       |
| Weight      | Height      |

#### OTHERS

**II. DECLARATION OF OCCUPATION AND EMPLOYER OF RELATIVES WORKING IN THE UNIVERSITY**

Print clearly and provide details according to this order: Parents, Siblings, Spouse, Children, Parent-in-law, Brother/Sister-in-law, First Cousin-in-law, Uncle/Aunt, Nephew/Niece (son/daughter of brother/sister)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| LAST NAME | FIRST NAME | MIDDLE NAME | RELATIONSHIP | OCCUPATION/EMPLOYER |
|       |       |       |       |       |
|       |       |       |       |       |
|       |       |       |       |       |
|       |       |       |       |       |

**III. ESSAY (Use another sheet if necessary.)**

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| --- |
| 1. Describe yourself.

*Ipakilala ang iyong sarili.* |
| 1. What are your career plans? What do you see yourself doing in the next 10 years?

*Ano ang plano mo para sa iyong career? Paano mo nakikita ang sarili mo sa mga susunod na sampung (10) taon?*      |

|  |
| --- |
| 1. What are your strength/s that can help you perform in the position you are applying for?

*Ano ang iyong mga maiinam na katangian na makakatulong upang magampanan ang trabahong iyong inaaplayan?*      |
| 1. Why do you want to work at the Ateneo de Manila University?

*Bakit nais mong magtrabaho sa Ateneo de Manila University?*      |
| 1. What are your weakness/es that can hinder you in performing the duties expected from you?

*Ano ang iyong mga kakulangan o kahinaan na maaaring maging hadlang sa pagganap ng inyong tungkulin?*      |
| 1. If accepted in the position you are applying for, what can you contribute to the office/unit?

*Kung ikaw ay matatanggap sa posisyong ito, ano ang maaari mong maibahagi sa opisinang iyong kabibilangan?*      |

**IV. APPLICATION DOCUMENTS**

Included in this Personal Data Sheet are my:

* Letter of Intent, addressed to the Talent and Organization Development Division Head
* Letter of Recommendation from current/previous supervisor
* Resume
* Portfolio of past works *(for technical positions)*
* Transcript of Record
* Diploma
* Certificate of Employment/Good Moral Character
* Medical Records (CBC, X-Ray, Urinalysis, Physical Exam, Medical Certificate – Fitness to Work)
* NBI Clearance
* NSO Birth Certificate (applicant/dependents)
* NSO Marriage Contract
* Proof of TIN
* Proof of SSS Number
* Proof of PhilHealth Number
* Proof of Pag-IBIG Number
* Others: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I hereby certify that all the information contained in this Personal Data Sheet and all other documents included in my submission are true and correct to the best of my knowledge. Considering that they may serve as the basis of my employment, I further maintain that I have not withheld any fact or circumstance, which could affect my application unfavorably. I understand that if there are any omissions or misrepresentations contained in this document, supported by reasonable proof, they will constitute sufficient ground for the reversal or termination of my employment. In line with these, I hereby consent to and expressly authorize the University to contact pertinent individuals and institutions (e.g., current/former employers, schools, clients, etc.), and perform any other lawful means necessary to confirm, validate, and/or verify the truth, accuracy and/or completeness of all the information I have provided. The school will conduct such verification in accordance with the University’s Privacy Policy for University Personnel and other applicable laws or policies.

     \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_      \_\_\_\_\_\_\_\_

 Applicant’s signature over printed name Date Applied