

I. PERSONAL INFORMATION

2. SURNAME	SALES		
FIRST NAME	ARLIE		
MIDDLE NAME	NICER		
3. DATE OF BIRTH (mm/dd/yyyy)	JULY 22, 1998	16. CITIZENSHIP	<input checked="" type="checkbox"/> Filipino <input type="checkbox"/> Dual Citizenship
4. PLACE OF BIRTH	HILONBOS, LEYTE	If holder of dual citizenship, please indicate the details.	<input type="checkbox"/> by birth <input type="checkbox"/> by naturalization Pls. indicate country.
5. SEX	<input checked="" type="checkbox"/> Male <input type="checkbox"/> Female		
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	
7. HEIGHT (m)	1.54 m	House/Block/Lot No.	PUROK CAIMITO
8. WEIGHT (kg)	58 kg	N/A	Street
9. BLOOD TYPE		Subdivision/Village	STA CRUZ
10. GSIS ID NO.	N/A	HILONBOS	Barangay
11. PAG-IBIG ID NO.	N/A	City/Municipality	LEYTE
12. PHILHEALTH NO.	13-025535773-6	ZIP CODE	Province
13. SSS NO.	N/A	18. PERMANENT ADDRESS	
14. TIN NO.	376-181-606-000	House/Block/Lot No.	PUROK CAIMITO
15. AGENCY EMPLOYEE NO.	N/A	N/A	Street
		Subdivision/Village	STA CRUZ
		HILONBOS	Barangay
		City/Municipality	LEYTE
		ZIP CODE	Province
		19. TELEPHONE NO.	N/A
		20. MOBILE NO.	09051332535
		21. E-MAIL ADDRESS (if any)	sales.arlie@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	N/A		N/A	
MIDDLE NAME				
OCCUPATION				
EMPLOYER/BUSINESS NAME				
BUSINESS ADDRESS				
TELEPHONE NO.				
24. FATHER'S SURNAME	SALES			09-20-1975
FIRST NAME	ARLIE	NAME EXTENSION (JR., SR)		
MIDDLE NAME	MONCADA			
25. MOTHER'S MAIDEN NAME				
SURNAME	NICER			11-11-1974
FIRST NAME	MARIFE			
MIDDLE NAME	QUITA			

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	STA. CRUZ ELEMENTARY SCHOOL		2005	2011		2011	VALEDC/DBRM
SECONDARY	NAVAL NATIONAL HIGH SCHOOL		2011	2015		2015	2ND HONOR
VOCATIONAL / TRADE COURSE	N/A	N/A					
COLLEGE	VISAYAS STATE UNIVERSITY - MAIN	BACHELOR OF SCIENCE IN AGRIBUSINESS	2015	2019		2019	
GRADUATE STUDIES	N/A	N/A					

(Continue on separate sheet if necessary)

SIGNATURE	<i>Archie Sales</i>	DATE	1-5-21
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34. 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: _____

35. 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: _____

36. 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: _____

37. 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: _____

38. 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: _____

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

If YES, give details (country): _____

40. 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: _____

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

NAME	ADDRESS	TEL. NO.
DR. DANIEL LESLIE TAN	DAYDAY CITY, LETE	0932 868 5396
GRACIA AGRAVANTE	MILONGOS, LETE	



42. 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 cases against me.

Government issued ID (i.e. Passport, QRS, SOS, PRC Driver's License, etc.)
PLEASE INDICATE ID Number and Date of Issuance

Government issued ID: **PHILHEALTH**

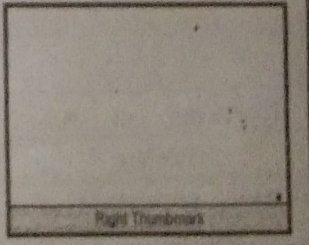
ID/Passport No.: **13-025535773-6**

Date/Place of Issuance: **09-13-20**

Dafela

Signature (Sign inside the box)

Date Accomplished



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

Person Administering Oath