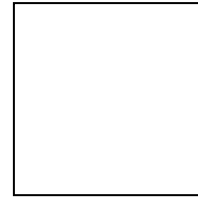




PERSONAL DATA SHEET



PERSONAL INFORMATION

Name of Trainee:

_____ (Last Name) _____ (First Name) _____ (Middle Name)

Complete Address: _____ Zip Code: _____

Contact Number: (Cell) _____ (Landline) _____

Civil Status: _____ Sex: Male () Female () Height: _____ Weight: _____

Date of Birth: _____ Birth Place: _____ Citizenship: _____

Parents: Father's Name : _____ Occupation: _____

Mother's Name: _____ Occupation: _____

Guardian's Name: _____ Occupation: _____

Spouse's Name: _____ Occupation _____

Address of Parents/Guardian/Spouse: _____

Contact Number: _____

EDUCATIONAL INFORMATION

Level	Name of School	Date Graduated
Elementary		
High School		
Vocational		
	Course Completed:	
College		
	No. of Units/Degree Completed:	
Post Graduate		

ACTIVITIES: School and Community Organizations

Name of Organization	Position Held	Date

HOBBIES AND LEISURE TIME ACTIVITIES: Do you enjoy/engage in: (Please check)

- Movies Computer Games Singing Dancing
 Parties Alcoholic Drinking Facebook Handicraft
 Traveling Internet Speaking Cooking

HEALTH CONDITION

Physical Handicap _____ Eyesight _____
 Hearing _____ Weight _____
 Any serious accident or sickness you have? _____

WORK EXPERIENCES

Nature of Work/Position	Name of Company	Date of Employment	Monthly Earnings

Other Work Experiences: _____

FUTURE PLANS

Occupations Interested to Engage in: _____

Have you ever been convicted of any crime or violation of any law, degree, ordinance or regulations by any court or tribunal? Yes No

If your answer is "yes" give details of the offense: _____

Date

Student's Signature