

PERSONAL DATA SHEET (For Merchandisers / Promo Personnel) Please do not leave any space blank, write "none" or "not applicable" for no entries. Use black or blue ballpen only. Write check (/)mark on applicable box.					1" x 1" Picture
GENERAL INFORMATION					
SURNAME: BATOCTOY FIRST NAME: JAYVIE MIDDLE NAME : JARADAL				NICKNAME: JIBS	
PERMANENT ADDRESS: Mayondon Los Baños laguna				PHONE NUMBER: 09050784061	
DATE OF BIRTH: 12,14,1997		AGE: 25	HEIGHT: 5'5"	GENDER M / Male <input type="checkbox"/> Female	RELIGION: CATHOLIC
<input type="checkbox"/> DIRECT HIRE		<input type="checkbox"/> UNDER AGENCY		CIVIL STATUS / Single <input type="checkbox"/> Married <input type="checkbox"/> Separated	
VENDOR NAME: ACRO DISTRIBUTOR / UNILEVER		NAME OF AGENCY: PCN PROMOPRO		VENDOR / AGENCY CONTACT NUMBER : 09455703242	
FAMILY BACKGROUND					
NAME		RELATIONSHIP		BIRTHDAY	
DIONESIO BATOCTOY		FATHER		31-Jul-63	
MERLY ARADAL		MOTHER		24-May-72	
JOMER BATOCTOY		BROTHER		27-Apr-95	
NAME OF RELATIVES WORKING IN WALTERMART, SM, ABENSONS GROUP (IF ANY) / BRANCH		RELATIONSHIP:		POSITION	
NONE					
PERSON TO NOTIFY IN CASE OF EMERGENCY: ANNA MARIE ULGRIANO		RELATIONSHIP: FRIEND		CELLPHONE NO. 09169060961	
EDUCATIONAL BACKGROUND					
LEVEL		SCHOOL ATTENDED		YEAR COMPLETED	
Tertiary					
Secondary		LOS BANOS LAGUNA NATIONAL HIGHSCHOOL		2014	
WORK EXPERIENCE					
POSITION		COMPANY		DATE	
CREW		ANYAMES BAGNET		Jul-05	
MERCHANDISER		WALTERMART CALAMBA		2020	
				(RELEAVER 1 MONTH)	
HAVE YOU EVER WORKED IN ANY SUPERMARKET / DEPARTMENT STORE? <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES (GIVE DETAILS)					
HAVE YOU EVER BEEN CONVICTED OF ANY CRIME? <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES (GIVE DETAILS) _____					
HAVE YOU EVER BEEN HOSPITALIZED? <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES (GIVE DETAILS) _____					
HAVE YOU EXPERIENCED OR STILL EXPERIENCING ANY PHYSICAL HEALTH PROBLEM? <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES (GIVE DETAILS) _____					
PLEASE INDICATE IDENTIFYING MARKS IF ANY (BIRTH MARK/TATTOO/SCAR/ MOLE/ SURGICAL SCAR) <input checked="" type="checkbox"/> NO NONE _____					
OATH OF UNDERTAKING					
I understand that any misinterpretation, falsification or any omission of facts of what ever nature of this information sheet shall be sufficient ground for non-eligibility at any time during my assignment in this company					
JAYVIE BATOCTOY / OCTOBER 13, 2023					
NAME AND SIGNATURE OF APPLICANT / DATE OF APPLICATION					