



**ATENEO DE MANILA UNIVERSITY**  
**OFFICE OF HUMAN RESOURCE MANAGEMENT**  
**AND ORGANIZATION DEVELOPMENT**

**PERSONAL DATA SHEET**

**I. PERSONAL INFORMATION**

**PERSONAL DATA**

POSITION/S APPLIED FOR 1. _____ 2. _____		HOW DID YOU COME TO KNOW OF THE POSITION?	
FAMILY NAME NAME		FIRST NAME	MIDDLE
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 RELATIONSHIP IN CASE OF EMERGENCY:	NAME	ADDRESS	TELEPHONE NO.

**EDUCATION**

EDUCATIONAL ATTAINMENT	NAME OF SCHOOL	COURSE	FROM	TO	HIGHEST LEVEL COMPLETED
HIGH SCHOOL					
VOCATIONAL SCHOOL					
COLLEGE					
POST GRADUATE					

**TRAININGS**

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

**SKILLS**

SPECIAL SKILLS/ OTHER QUALIFICATIONS	YES	NO	SPECIAL SKILLS / OTHER QUALIFICATIONS	YES	NO
COMPUTER SKILLS (SPECIFY SOFTWARE)	<input type="checkbox"/>	<input type="checkbox"/>	LABORATORY WORK	<input type="checkbox"/>	<input type="checkbox"/>
COMPUTER REPAIR/ MAINTENANCE	<input type="checkbox"/>	<input type="checkbox"/>	DRIVING (Specify type of license)	<input type="checkbox"/>	<input type="checkbox"/>
ACCOUNTING	<input type="checkbox"/>	<input type="checkbox"/>	SKILLED WORK: (Pls. specify) (e.g., electrical, carpentry, painting, plumbing, welding, automotive, mason )	<input type="checkbox"/>	<input type="checkbox"/>
CASHIERING	<input type="checkbox"/>	<input type="checkbox"/>	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; <u>Exclude Relatives</u> )				
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?) <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, please give details:			
HAVE YOU EVER BEEN SUBJECTED TO ANY DISCIPLINARY ACTION IN ANY OF YOUR PREVIOUS EMPLOYMENT? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, please give details:			
HAVE YOU EVER BEEN CONVICTED FOR ANY OFFENSE? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, please give details:			
HAVE YOU WORKED WITH MINORS BEFORE? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, what was the nature of your engagement? (e.g. teaching, tutoring):			
DETAILS	YES	NO	IF YES, NATURE OF ILLNESS
Have you been hospitalized previously?	<input type="checkbox"/>	<input type="checkbox"/>	
Have you undergone surgery previously?	<input type="checkbox"/>	<input type="checkbox"/>	
Do you currently undergo any treatment?	<input type="checkbox"/>	<input type="checkbox"/>	
Weight			Height

## 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.)

<p>1. Describe yourself. <i>Ipakilala ang iyong sarili.</i></p>
<p>2. What are your career plans? What do you see yourself doing in the next 10 years? <i>Ano ang plano mo para sa iyong career? Paano mo nakikita ang sarili mo sa mga susunod na sampung (10) taon?</i></p>

3.	What are your strength/s that can help you perform in the position you are applying for? <i>Ano ang iyong mga maiinam na katangian na makakatulong upang magampanan ang trabahong iyong inaaplayan?</i>
4.	Why do you want to work at the Ateneo de Manila University? <i>Bakit nais mong magtrabaho sa Ateneo de Manila University?</i>
5.	What are your weakness/es that can hinder you in performing the duties expected from you? <i>Ano ang iyong mga kakulangan o kahinaan na maaaring maging hadlang sa pagganap ng inyong tungkulin?</i>
6.	If accepted in the position you are applying for, what can you contribute to the office/unit? <i>Kung ikaw ay matatanggap sa posisyong ito, ano ang maaari mong maibahagi sa opisinang iyong kabibilangan?</i>

#### 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