

# PERSONAL DATA SHEET

Print legibly. Mark appropriate boxes ☐ with "✓" and use separate sheet if necessary.

1. CS ID No.

(to be filled up by CSC)

## I. PERSONAL INFORMATION

2. SURNAME	MARTIN		
FIRST NAME	ROY		
MIDDLE NAME	BAUTISTA	3. NAME EXTENSION (e.g. Jr., Sr.)	
4. DATE OF BIRTH (mm/dd/yyyy)	01/21/64	16. RESIDENTIAL ADDRESS	LOT 8 BLK 10 G - PHASE III-E1 PLAPLA, TEACHERS VILLAGE MALABON CITY
5. PLACE OF BIRTH	ALANGAN, LIMAY BATAAN	17. TELEPHONE NO.	
6. SEX	<input checked="" type="checkbox"/> Male <input type="checkbox"/> Female	18. PERMANENT ADDRESS	LOT 8 BLK 10 G - PHASE III-E1 PLAPLA, TEACHERS VILLAGE MALABON CITY
7. CIVIL STATUS	<input type="checkbox"/> Single <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Annulled <input type="checkbox"/> Others, specify _____	19. TELEPHONE NO.	
8. CITIZENSHIP	FILIPINO	20. E-MAIL ADDRESS (if any)	rbmartin@micritel.ph
9. HEIGHT (m)	175 cm	21. CELLPHONE NO. (if any)	0917 5544373
10. WEIGHT (kg)	90 kg	22. AGENCY EMPLOYEE NO.	
11. BLOOD TYPE	O	23. TIN	101-343-306
12. GSIS ID NO.			
13. PAG-IBIG ID NO.			
14. PHILHEALTH NO.	02-050582573-0		
15. SSS NO.	02-0490747-5		

## II. FAMILY BACKGROUND

24. SPOUSE'S SURNAME	MARTIN	25. NAME OF CHILD (Write full name and list all)	DATE OF BIRTH (mm/dd/yyyy)
FIRST NAME	ARMENIA	ROMINA LOU B. MARTIN	OCT 18 '86
MIDDLE NAME	BALCE	ROY JUCIO B. MARTIN	July 9 '88
OCCUPATION	HOUSEWIFE	REA JOIE B. MARTIN	June 10 '91
EMPLOYER/BUS. NAME	-	ROY B. MARTIN JR	Feb 22 '04
BUSINESS ADDRESS	-		
TELEPHONE NO.	-		
(Continue on separate sheet if necessary)			
26. FATHER'S SURNAME	MARTIN (DECEASED)		
FIRST NAME	RICARDO		
MIDDLE NAME	CABIGTING		
27. MOTHER'S MAIDEN NAME			
SURNAME	BAUTISTA		
FIRST NAME	CORAZON		
MIDDLE NAME	ABAI		
(Continue on separate sheet if necessary)			

## III. EDUCATIONAL BACKGROUND

28. LEVEL	NAME OF SCHOOL (Write in full)	DEGREE COURSE (Write in full)	YEAR GRADUATED (if graduated)	HIGHEST GRADE/ LEVEL/ UNITS EARNED (if not graduated)	INCLUSIVE DATES OF ATTENDANCE		SCHOLARSHIP/ ACADEMIC HONORS RECEIVED
					From	To	
ELEMENTARY	Brgy. Luz Elem. School				1971	1977	
SECONDARY	LIMAY MUN. HIGH SCHOOL				1977	1981	
VOCATIONAL / TRADE COURSE							
COLLEGE	MANUEL VILS QUEZON UNIVERSITY	Commerce			1981	1987	
GRADUATE STUDIES		(Major in Bus. Admin)					

#### IV. CIVIL SERVICE ELIGIBILITY

29.	CAREER SERVICE/ RA 1080 (BOARD/ BAR) UNDER SPECIAL LAWS/ CES/ CSEE	RATING	DATE OF EXAMINATION / CONFERMENT	PLACE OF EXAMINATION / CONFERMENT	LICENSE (if applicable)	
					NUMBER	DATE OF RELEASE
-						
-						
-						
-						
-						
-						
-						

(Continue on separate sheet if necessary)

#### V. WORK EXPERIENCE (Include private employment. Start from your current work)

30. INCLUSIVE DATES (mm/dd/yyyy)		POSITION TITLE (Write in full)	DEPARTMENT / AGENCY / OFFICE / COMPANY (Write in full)	MONTHLY SALARY	SALARY GRADE & STEP INCREMENT (Format "00-0")	STATUS OF APPOINTMENT	GOVT SERVICE (Yes / No)
From	To						
7/1/12	1/1/12	AREA GEN. MGR - NORTH LARON GEN MGR - MICROTEL - BAHIO	MICROTEL DEVT. CO.			REGULAR	NO
3/15/2008	06/12/12	GEN. MGR ATRIUM HOTEL	PARAMOUNT HOTELS & MGT. CO. - INC.			REGULAR	NO
1/2003	1/2012	DIRECTOR OF SALES (MICROTEL / PARAMOUNT)	MICROTEL DEVT. CO. PARAMOUNT			REGULAR	NO
07/2003	3/2008	RESIDENT MGR	LIMA HOTEL PARAMOUNT			REGULAR	NO
01/2001	1/2001	Sales Mgr.	SERAPH HOTEL BORACAY			CONTRACTUAL	NO
1/2000	1/2001	Senior Sales Mgr	Water Front Pkts.			REGULAR	NO
1/1996	1/2000	Asst. Sales Mgr. / Duty Mgr.	Manila Hotel			REGULAR	NO
1/1993	1/1996	Senior Corp. Coord	Manila Hotel			REGULAR	NO
1/1991	1/1993	Front Office Shift Leader	Manila Hotel			REGULAR	NO
1/1990	1/1991	Night Receptionist	Manila Hotel			REGULAR	NO
1/1987	1/1990	Housekeeping Coordinator	Manila Hotel			REGULAR	NO
1/1986	1/1987	Floor Attendant	Manila Hotel			REGULAR	NO
1/1985	1/1986	Florist Attendant	Manila Hotel			REGULAR	NO
1/1983	1/1985	HOUSEMAN	Manila Hotel			REGULAR	NO
1/1	1/1	-	-			-	-
1/1	1/1						

# **VI. VOLUNTARY WORK OR INVOLVEMENT IN CIVIC / NON-GOVERNMENT / PEOPLE / VOLUNTARY ORGANIZATION/S**

31.	NAME & ADDRESS OF ORGANIZATION (Write in full)	INCLUSIVE DATES (mm/dd/yyyy)		NUMBER OF HOURS	POSITION / NATURE OF WORK
		From	To		
	Mail - Japan Tel. Agency & Hotel Assn.	/ /	/ /		member
	Hotel and Rest. Ass. of the Phils	/ /	/ /		member
	Phil. Tour Operators Assoc.	/ /	/ /		Served as Director for allied Soc - 2005-2006
	Rotary Club District 3820	/ /	/ /		member since 2006
	Phil. Travel Agencies Assoc.	/ /	/ /		member

(Continue on separate sheet if necessary)

# **VII. TRAINING PROGRAMS (Start from the most recent training.)**

32.	TITLE OF SEMINAR/CONFERENCE/WORKSHOP/SHORT COURSES (Write in full)	INCLUSIVE DATES OF ATTENDANCE (mm/dd/yyyy)		NUMBER OF HOURS	CONDUCTED/ SPONSORED BY (Write in full)
		From	To		
		/ /	/ /		
		/ /	/ /		
		/ /	/ /		
		/ /	/ /		
		/ /	/ /		

(Continue on separate sheet if necessary)

# **VIII. OTHER INFORMATION**

33.	SPECIAL SKILLS / HOBBIES:	34.	NON-ACADEMIC DISTINCTIONS / RECOGNITION: (Write in full)	35.	MEMBERSHIP IN ASSOCIATION/ORGANIZATION (Write in full)
	Singing, bowling golf				Phil. Tour Operators Association
					Phil. Travel Agencies Assoc.
					Hotel and Rest. Association in Baguio



(Continue on separate sheet if necessary)

<p>36. Are you related by consanguinity or affinity to any of the following :</p> <p>a. Within the third degree (for National Government Employees): appointing authority, recommending authority, chief of office/bureau/department or person who has immediate supervision over you in the Office, Bureau or Department where you will be appointed?</p> <p>b. Within the fourth degree (for Local Government Employees): appointing authority or recommending authority where you will be appointed?</p>	<p><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>If YES, give details: _____</p> <p>_____</p> <p>_____</p> <p><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>If YES, give details: _____</p> <p>_____</p> <p>_____</p>
<p>37 a. Have you ever been formally charged?</p> <p>b. Have you ever been guilty of any administrative offense?</p>	<p><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>If YES, give details: _____</p> <p>_____</p> <p><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>If YES, give details: _____</p> <p>_____</p> <p>_____</p>
<p>38. Have you ever been convicted of any crime or violation of any law, decree, ordinance or regulation by any court or tribunal?</p>	<p><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>If YES, give details: _____</p> <p>_____</p> <p>_____</p>
<p>39. 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, AWOL or phased out, in the public or private sector?</p>	<p><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>If YES, give details: _____</p> <p>_____</p> <p>_____</p>
<p>40. Have you ever been a candidate in a national or local election (except Barangay election)?</p>	<p><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>If YES, give details: _____</p> <p>_____</p> <p>_____</p>
<p>41. 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:</p> <p>a. Are you a member of any indigenous group?</p> <p>b. Are you differently abled?</p> <p>c. Are you a solo parent?</p>	<p><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>If YES, please specify: _____</p> <p><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>If YES, please specify: _____</p> <p><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>If YES, please specify: _____</p> <p>_____</p>

NAME	ADDRESS	TEL. NO.
JOSE-MARI DEL ROSARIO	Phinma Bldg, Rockwell Center	
TEODORO G. LIM	Phinma Bldg, Rockwell Center	

43. I declare under oath that this Personal Data Sheet has been accomplished by me, and is a true, correct and complete statement pursuant to the provisions of pertinent laws, rules and regulations of the Republic of the Philippines.

I also authorize the agency head / authorized representative to verify / validate the contents stated herein. I trust that this information shall remain confidential.

COMMUNITY TAX CERTIFICATE NO.	 SIGNATURE (Sign inside the box)	
ISSUED AT		
ISSUED ON (mm/dd/yyyy)		
DATE ACCOMPLISHED		RIGHT THUMBMARK

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