



2x2 RECENT PHOTO
W/ WHITE
BACKGROUND

HR Employee Information Update Sheet

| LAST NAME | FIRST NAME | MIDDLE NAME |
|--------------------------|------------------------|-------------|
| EMPLOYEE | | |
| MOTHER (Maiden Name) | | |
| SPOUSE | | |
| Spouse Occupation: _____ | No. of Children: _____ | |
| Spouse Contact No. _____ | | |
| CONTACT DETAILS: | | |
| Home | Cellphone | Email add: |

PERMANENT HOME ADDRESS

| | | | | |
|-----------------------------|----------------------|-----------------------|------------------------|----------------------|
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| No. (Include Building Name) | Street | Barangay/ Subdivision | District/ Municipality | City/Province |

PRESENT HOME ADDRESS

| | | | | |
|-----------------------------|--------|-----------------------|------------------------|---------------|
| No. (Include Building Name) | Street | Barangay/ Subdivision | District/ Municipality | City/Province |
|-----------------------------|--------|-----------------------|------------------------|---------------|

✓ Check Appropriate box: LIVING WITH PARENTS RENTING
 STAYING WITH RELATIVES OWN HOUSE

* If Boarding or Staying with relatives, write the name of your landlord or relative with their employment & contact details.

| | | |
|------------------------------|--------------------|-----------------------|
| NAME (Relative or Landlord) | Employer (If any) | Address & Contact No. |
| | | |
| | | |

DEPENDENTS

| NAME | RELATIONSHIP | DATE OF BIRTH | ADDRESS |
|------|--------------|---------------|---------|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

In case of emergency, whom should you wish to notify immediately?

| | | |
|----------|-------------|---------------|
| Address: | Contact No. | Relationship: |
|----------|-------------|---------------|

Please recognize the following signature/s in any transactions made/prepared/submitted by the undersigned.

1. _____ 2. _____ 3. _____

I hereby certify that the information given and all statements made herein are true and correct.

Signature Over Printed Name

Position/ Department

Date

NOTE: KINDLY USE THE BACK PORTION OF THIS FORM FOR YOUR RESIDENCE SKETCH AND
FULLY ACCOMPLISH THIS FORM BEFORE SUBMITTING TO HRD.