CS Form No. 212 Revised 2017	PERSO	NAL DAT	A SH	IEET				
WARNING: Any misrepresenta	ation made in the Personal Data Sheet and the	e Work Experience Sheet sh	all cause the f	iling of adn	ninistrative/	criminal case/s a	gainst the pe	erson
concerned.	TO FILLING OUT THE PERSONAL DATA SHE							
Print legibly. Tick appropriate boxes	s () duse separate sheet if necessary. Indicate				1. CS ID No.		(Do not fill up.	For CSC use only
I. PERSONAL INFORMATIO 2. SURNAME	ALVIOLA							
						NAME EXTENSION (JR	., SR)	
FIRST NAME	ULDERICO							
MIDDLE NAME 3. DATE OF BIRTH	BIBAT	1						
(mm/dd/yyyy)	12/19/1986	16. CITIZENSHIP	Tilipino Li Dual Cluzeristiij		· ·	_		
4. PLACE OF BIRTH	PHILIPPINES	If holder of dual citizen	ship.	✓ by birth ☐ by naturaliz Pls. indicate country:			lization	
		please indicate the de	•					
5. SEX	✓ Male Female	47 DECIDENTIAL ADDDECO	MARC	Philippines DLO MEN'S HO				
6 CIVIL STATUS	✓ Single	17. RESIDENTIAL ADDRESS	Hou	se/Block/Lot No	D.		Street	
	Other/s:			STATE UNIVE		VISC	A / PANGASUG Barangay	AN
7. HEIGHT (m)	1.78 METERS			AYBAY CITY			LEYTE Province	
8. WEIGHT (kg)	75 KILOGRAMS	ZIP CODE	O.	сулматногрансу		6521	110411100	
9. BLOOD TYPE	AB-	18. PERMANENT ADDRESS		152		,	VECINAL RD.	
10. GSIS ID NO.	CRN-006-0051-2769-4		Hou	se/Block/Lot No).		Street MALJO	
	0101 000 0001 2100 4	-		odivision/Village)		Barangay LEYTE	
11. PAG-IBIG ID NO.		_		ty/Municipality			Province	
12. PHILHEALTH NO.	13-000081469-6	ZIP CODE						
13. SSS NO.	N/A	19. TELEPHONE NO.	ELEPHONE NO. +63 053 520 1726		053 520 1726			
14. TIN NO.		20. MOBILE NO.	+63 977 851 2000					
15. AGENCY EMPLOYEE NO.	V00035	21. E-MAIL ADDRESS (if any)	ub.alviola@vsu.edu.ph					
II. FAMILY BACKGROUND								
22. SPOUSE'S SURNAME	N/A		23. NAME of CHII	LDREN (Write	full name and l	ist all)	DATE OF BIR	TH (mm/dd/yyyy)
FIRST NAME	N/A	NAME EXTENSION (JR., SR)						
MIDDLE NAME	N/A							
OCCUPATION	N/A							
EMPLOYER/BUSINESS NAME	N/A							
BUSINESS ADDRESS	N/A		i					
TELEPHONE NO.	N/A							
24. FATHER'S SURNAME	ALVIOLA							
FIRST NAME	ALFREDO	NAME EXTENSION (JR., SR)						
MIDDLE NAME	BISNAR							
25. MOTHER'S MAIDEN NAME								
SURNAME	BIBAT							
FIRST NAME	FELOMILA							
MIDDLE NAME	MALANGSA			(Co	ontinue on se _l	parate sheet if neces	sary)	
III. EDUCATIONAL BACKG	ROUND							1
26. LEVEL	NAME OF SCHOOL (Write in full)	BASIC EDUCATION/DEGREE/CO	URSE /rite in full)	PERIOD OF A	To	HIGHEST LEVEL/ UNITS EARNED (if not graduated)	YEAR GRADUATED	SCHOLARSHIP/ ACADEMIC HONORS RECEIVED
ELEMENTARY	FRANCISCO BENITEZ ELEMENTARY SCHOOL			6/1/1993	3/30/3099		1999	WITH HONORS
SECONDARY	TINAGO NATIONAL HIGH SCHOOL			6/1/1999	3/30/2003		2003	SALUTA- TORIAN
VOCATIONAL /								
COLLEGE	LEYTE STATE UNIVERSITY / VISAYAS STATE UNIVERSITY			6/12/2003	4/26/2007		2007	CUM LAUD
GRADUATE STUDIES	UNIVERSITY OF THE PHILIPPINES LOS BAÑOS			6/22/2011	8/7/2021		2021	

SIGNATURE

January 13, 2023

DATE

IV. CIVIL SE	RVICE ELIG	IBILITY							
27. CAREE	R SERVICE/ RA 1	080 (BOARD/ BAR) UNDER	RATING	DATE OF	DI 405 05 EV44814	TION / OONES	N. 45.17	LICENSE (if ap	
	LAWS/ CES/ CSEE RANGAY ELIGIBIL	: ITY / DRIVER'S LICENSE	(If Applicable)	EXAMINATION / CONFERMENT	PLACE OF EXAMINA	I ION / CONFER	RMENI	NUMBER	Date of Validity
P.D.	907 FOR HON	OR GRADUATES	N/A	N/A	LEYTE STATE UNIVESITY / VISAYAS STATE UNIVERSITY				
					UNIVE	:ROII I			
V. WORK E	YDEDIENCE		(Con	tinue on separate sheet	if necessary)				
		nt. Start from your recent	work) Description	of duties should be	indicated in the attached	Work Expe	rience sheet.		
28. INCLU	SIVE DATES n/dd/yyyy)	POSITION TITLE		DEPARTMENT / AGENC	Y / OFFICE / COMPANY	MONTHLY	SALARY/ JOB/ PAY GRADE (if	STATUS OF	SERVICE
From	То	abbreviate	(Write in full/Do not	full/Do	(Write in not abbreviate)	SALARY	applicable)& STEP (Format "00-0")/ INCREMENT	APPOINTMENT	
6/21/2007	6/31/08	INSTRUCTO	∩D 1	VSU DEPARTMEN	NT OF DEVELOPMENT	12000.00	12	SUBSTITUTE	Y
					UNICATION				
7/1/2008	12/11/2008	WRITER AND MULTIME WRITER AND RE		VSU INFORMATION OFFICE		12000.00	12	JOB ORDER	Υ
12/9/2014	2/28/2017	CORRESPON		RAPPLER / MOVEPH		10000.00		FREELANCE	N
12/12/2008	PRESENT	ADMINISTRATIVE	OFFICER IV		TED MEDIA CENTER	38000.00	15	PERMANENT	Y
7/1/2015	PRESENT	AFFILIATE FACUL	TY MEMBER	VSU DEPARTMENT OF DEVELOPMENT COMMUNICATION		PRO BONO	N/A	AFFILIATE	Υ

(Continue on separate sheet if necessary)								
SIGNA	TURE	- Datel J	,	DATE		January 13, 20	023	

CS FORM 212 (Revised 2017), Page 2 of 4

VI. VOLUNTARY WORK OR INVOLVEMENT IN CIVIC / NON-GOVERNMENT / PEOPLE / VOLUNTARY ORGANIZATION/S							
29. NAME & ADDRESS OF ORGANIZATION (Write in for	(الد	From	(mm/dd/yyyy) To	NUMBER OF HOURS	POSITION / NATURE OF WORK		
ASSOCIATION OF DEVELOPMENT COMMUNICA PRACTITIONERS (ADCEP) PHILIPPINES	ATION EDUCATORS AND	5/5/2021	PRESENT			PRESIDENT	
PHILIPPINE ASSOCIATION OF COMMUNICATIO	N EDUCATORS (PACE)	10/18/2012	PRESENT		VICE	PRESIDENT FOR VISAYAS / TRUSTEE	
ASIAN INSTITUTE OF JOURNALISM AND COMM NATIONS INTERNATIONAL LABOUR ORGANIZA		10/1/2022	PRESENT		CONSULTANT AND CURRICULUM DEVELOPE		
ISLAMIC RELIEF WORLDWIDE		9/1/2022	11/31/22		CONSULTANT		
AUSTRALIAN CENTRE FOR INTERNATIONAL A (ACIAR)	GRICULTURAL RESEARCH	7/21/2021	PRESENT		CONTRIBUTING RESEARCHER / MULTIMENDIA PRODUCI		
LAND MANAGEMENT ADMINISTRATION PROGR	RAM (LAMP)	5/14/2007	12/19/2008		CONTRIBUTING RESEARCHER		
SAVE THE CHILDREN INTERNATIONAL		10/1/2013	1/31/2014			CONTRIBUTING RESEARCHER	
VII. LEARNING AND DEVELOPMENT (L&D)	INTERVENTIONS/TRAINING F		TTENDED				
(Start from the most recent L&D/training program and included)	de only the relevant L&D/training taken fo	r the last five (5) ye		nief/Executive/Man	agerial positions)		
30. TITLE OF LEARNING AND DEVELOPMENT INTERVEN (Write in		ATTENDANCE (mm	/dd/yyyy)	NUMBER OF HOURS	Type of LD (Managerial/ Supervisory/ Technical/etc)	CONDUCTED/ SPONSORED BY (Write in full)	
[PLEASE REFER TO CURRICULUM VITAE FOR EXTE PROGRAMS ATTENDED]	NSIVE LISTING OF TRAINING	From	То				
·							
VIII. OTHER INFORMATION	(Con	tinue on separate s	sheet if necessary,				
VIII. OTHER INFORMATION						MEMBERSHIP IN ASSOCIATION/ORGANIZATION	
31. SPECIAL SKILLS and HOBBIES	32. NON-ACADEMIC DISTINCTIONS / R	ECOGNITION	(Write in full)			33. (Write in full)	
WRITER						ADCEP PHILIPPINES	
MULTIMEDIA PRODUCER						PACE	

VTR EDITOR			ASIAN MEDIA INFORMATION CENTRE (AMIC)		
GRAPHICS DESIGNER			SEARCA SCHOLARS' ASSOCIATION		
COMMUNICATION PLANNER			REGIONAL TERTIATRY SCHOOLS PRESS ADVISERS' ASSOCIATION (RTSPAA)		
EVENTS MANAGER					
CRISIS MANAGER					
(Continue on separate sheet if necessary)					
SIGNATURE	- Ille January	DATE	January 13, 2023		

CS FORM 212 (Revised 2017), Page 3 of 4

34.	Are you related by consanguinity or affinity to the appointing chief of bureau or office or to the person who has immediate Bureau or Department where you will be apppointed, a. within the third degree?		☐ YES ☑ NO	
	b. within the fourth degree (for Local Government Unit - Car	reer Employees)?	☐ YES ☑ NO	
			If YES, give details:	
35.	a. Have you ever been found guilty of any administrative off	☐ YES ☑ NO If YES, give details:		
b. Have you been criminally charged before any court?			✓ YES ✓ NO If YES, give details: Date Filed: Status of Case/s:	1/28/22 DISMISSED
36.	Have you ever been convicted of any crime or violation of a by any court or tribunal?	☐ YES ☑ NO If YES, give details:		
37.	Have you ever been separated from the service in any of th retirement, dropped from the rolls, dismissal, termination, er out (abolition) in the public or private sector?	YES V NO If YES, give details:		
38.	a. Have you ever been a candidate in a national or local ele Barangay election)?	☐ YES ☑ NO If YES, give details:		
	b. Have you resigned from the government service during the last election to promote/actively campaign for a national or l	☐ YES ☑ NO)	
39.	Have you acquired the status of an immigrant or permanent	☐ YES ☑ NO If YES, give details (country)		
40.	Pursuant to: (a) Indigenous People's Act (RA 8371); (b) May 7277); and (c) Solo Parents Welfare Act of 2000 (RA 8972)			
a.	Are you a member of any indigenous group?		YES VINCTION OF NO.)
b.	Are you a person with disability?		☐ YES ☑ NO	
C.	Are you a solo parent?		If YES, please specify ID No: YES V NO If YES, please specify ID No:	
41	REFERENCES (Person not related by consanguinity or affinity to applican	t /annointee\	in 126, please speein, 15 ftc.	
	NAME	ADDRESS	TEL. NO.	
	EDGARDO E. TULIN	VSU, VISCA, BAYBAY CITY, LEYTE	9173108081	
	RAMON R. TUAZON	CUBAO, QUEZON CITY	9209260963	
	MARIA STELLA C. TIROL	UPLB, COLLEGE, LAGUNA	9189426515	
42.	I declare under oath that I have personally accomplished complete statement pursuant to the provisions of pertine Philippines. I authorize the agency head/authorized represe I agree that any misrepresentation made in this doc administrative/criminal case/s against me.	ent laws, rules and regulations of the lentative to verify/validate the contents sta	Republic of the ated herein.	PHOTO
O	PLEASE INDICATE ID Number and Date of	2		
مر G	overnment Issued ID: CRN-006-0051-2769-4			
IE	O/License/Passport No.: P5801851B	Signature (Sign inside the I		
	ota/Dioco of Inguistras - DEA TACL ODAN CITY	JANUARY 13, 2023		

Date/Flace of Issuance. DFA FACEUDAN GITT	Date Accomplished	Right Thumbmark
SUBSCRIBED AND SWORN to before me this	, affiant exhibiting his/her validly is	ssued government ID as indicated above.
	Person Administering Oath	

CS FORM 212 (Revised 2017), Page 4 of 4