CS Form No. 212 Revised 2017

PERSONAL DATA SHEET

WARNING: Any misinterpretation made in the Personal Data Sheet and the Work Experience Sheet shall cause the filing of administrative/criminal case/s against the person concerned.									
Print legibly. Tick appropriate boxes (I. PERSONAL INFORMATIO	s () and use separate sheet if necessary. Indicate N/A if not applicable. DO NOT ABBREVIATE. 1. CS ID No. (Do not fill up. For CSC use only)								
	ALIÑO NAME EXTENSION (JR., SR) N/A								
MIDDLE NAME 3. DATE OF BIRTH	PILI								
(mm/dd/yyyy)	4/17/1953	16. CITIZENSHIP	Filipino Dual Citizenship J by birth by naturalization				zation		
4. PLACE OF BIRTH	DAVAO CITY	If holder of dual citizer	zenship, PIs. indicat			Pls. indicate c	country:		
5. SEX	Male Female please indicate the o							•	
6 CIVIL STATUS	Single Married	17. RESIDENTIAL ADDRESS		BLOCK 5 SAN House/Block/Lot No.			N JUAN STREET Street		
	Widowed Separated Other/s:			LINE VILLAG		CAT	LUNAN GRAND	E	
7. HEIGHT (m)	1.64 M			DAVAO CITY D.			Barangay AVAO DEL SUR Province		
8. WEIGHT (kg)	70 KG	ZIP CODE	8000	y manopanty	inanolpanty			Province	
9. BLOOD TYPE	B+	18. PERMANENT ADDRESS	BLOCK 5 SA		N JUAN STREET				
10. GSIS ID NO.	6008408394		SKY	se/Block/Lot No. /LINE VILLAGE CA1			Street	E	
11. PAG-IBIG ID NO.	107000749744		C	Ibdivision/Village DAVAO CITY D			Barangay DAVAO DEL SUR		
12. PHILHEALTH NO.	190001559390	ZIP CODE	City/Municipality 8000			Province			
13. SSS NO.	N/A	19. TELEPHONE NO.	082-2972248						
14. TIN NO.	116217713	20. MOBILE NO.	0917-7016873						
15. AGENCY EMPLOYEE NO.	N/A	21. E-MAIL ADDRESS (if any)	pengalinoptv@gmail.com						
II. FAMILY BACKGROUND									
22. SPOUSE'S SURNAME	ALIÑO		23. NAME of CHILDREN (Write full name and list all) DATE OF BIRTH (mm/					H (mm/dd/yyyy)	
FIRST NAME	JOSE		KRISTOFER NEIL PILI ALIÑO			4/20/1974			
MIDDLE NAME	DEACOSTA		ANGELO PILI ALIÑO			5/13/1980			
OCCUPATION	N/A		PHILIPPE ADRIAN PILI ALIÑO			7/18/1982			
EMPLOYER/BUSINESS NAME	N/A								
BUSINESS ADDRESS	N/A								
TELEPHONE NO.	N/A								
24. FATHER'S SURNAME	PILI								
FIRST NAME	REYNALDO N/A								
MIDDLE NAME	YASON								
25. MOTHER'S MAIDEN NAME									
SURNAME	MILAGROS								
FIRST NAME	OLAVE								
	GARDNER		(Continue on separate sheet if necessary)						
III. EDUCATIONAL BACKGE				100			oury)		
26. LEVEL	NAME OF SCHOOL	BASIC EDUCATION/DEGRE	E/COURSE	PERIOD OF A	ATTENDANCE	HIGHEST LEVEL/ UNITS EARNED	YEAR	SCHOLARSHIP/ ACADEMIC	
	(Write in full)	(Write in full)		From	То	(if not graduated)	GRADUATED	HONORS RECEIVED	
ELEMENTARY	BUTAN ELEMENTARY SCHOOL	GRADE SCHOO	L	1960	1966	N/A	1966	N/A	
SECONDARY	DAVAO CITY HIGH SCHOOL	HIGH SCHOOL		1967	1971	N/A	1971	N/A	
VOCATIONAL / TRADE COURSE	N/A	N/A		N/A	N/A	N/A	N/A	N/A	
COLLEGE	UNIVERSITY OF MINDANAO/ RIZAL MEMORIAL COLLEGES	AB ENGLISH COMMUNICA	TION ARTS	1971	2006	N/A	2006	N/A	
GRADUATE STUDIES	N/A N/A			N/A	N/A	N/A	N/A	N/A	
)))	ontinue on separate sheet if nece	essary)				-		
SIGNATURE				DA	TE				

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	SERVICE ELIO EER SERVICE/ RA		DATING	DATE OF				LICENSE (if ap	oplicable)
27. CAREER SERVICE/ RA 1080 (BOARD/ BAR) UNDER SPECIAL LAWS/ CES/ CSEE BARANGAY ELIGIBILITY / DRIVER'S LICENSE (If Applicable)				DATE OF EXAMINATION / PLACE OF EXAMINATION / CONFERMENT CONFERMENT			NUMBER	Date of Validity	
CAREER SERVICE SUB PROFESSIONAL 71.6		71.6	N/A	N	N/A				
CAREER SERVICE PROFESSIONAL		RA 6850	N/A	A N/A			N/A		
			(Cor	ntinue on separate sheet	if necessary)				
				a of dution abound	be indicated in the otter		meniemen eks	~4	
	LUSIVE DATES	ent. Start from your recer					SALARY/ JOB/ PAY		GOV'T
(r From	mm/dd/yyyy)	POSITION T (Write in full/Do not			ENCY / OFFICE / COMPANY Il/Do not abbreviate)	MONTHLY SALARY	GRADE (if applicable)& STEP (Format "00-0")/ INCREMENT	STATUS OF APPOINTMENT	SERVICI (Y/ N)
From		CHAIRPERSON OF			VISION NETWORK INC.	NI/A			v
JIZUZU	PRESENT				VISION NE I WURK INC.	N/A	N/A		Y
/4/2019	PRESENT	BOARD OF DIR	ECTOR	PEOPLE'S TELE	VISION NETWORK INC.	N/A	N/A		Y
/24/2019	PRESENT	MEDIA CONSU	JLTANT	PRESIDENTIAI OPERA				Y	
/18/2018	3/24/2019	EXTENDED BROADO MANAGE	R	PHILIPPINE BROA BUREAU OF BI				Y	
/21/2016	4/17/2018	BROADCAST STATIC BROADCAST PRODUC	DN MANAGER/	BUREAU OF BR				Y	
2/1/1981	6/1/2012	BROADCAST P	ROGRAM	BUREAU OF BR				Y	
/1/2012	3/21/2016	PRODUCER ANN	OUNCER II	BUREAU OF BR				Y	
2/1/1977	11/30/1981	RADIO PRODUCER A	NNOUNCER 1	BUREAU OF BR				Y	
12/1/1973	7/1/1977	CLERK		BUREAU OF BROADCAST SERVICES					Y
									<u> </u>
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									<u> </u>
	+								
									<u> </u>
			(Cor	ntinue on separate sheet	if necessary)				
SIGN	IATURE				DATE				

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VI. VOLUNTARY WORK OR INVOLVEMENT IN CIVIC / NON-GOVERNMENT / PEOPLE / VOLUNTARY ORGANIZATION/S						
29. NAME & ADDRESS OF ORGANIZATION (Write in full)		INCLUSIVE DATES (mm/dd/yyyy) From To		NUMBER OF HOURS		POSITION / NATURE OF WORK
PHILIPPINE MILITARY A	2004	2009	N/A		MEMBER	
ROTARY CLUB DOWN	2005	2006	N/A		MEMBER	
AFP/PNP PRESS CO	2004	2015	N/A		OFFICER	
		ntinue on separate sh				
VII. LEARNING AND DEVELOPMENT (L&D)				Executive/Manager	rial positions)	
(Start from the most recent L&D/training program and include only the relevant L&D/training taken for t 30. TITLE OF LEARNING AND DEVELOPMENT INTERVENTIONS/TRAINING PROGRAMS (Write in full)		INCLUSIVE DATES OF ATTENDANCE (mm/dd/yyyy)		NUMBER OF HOURS	Type of LD (Managerial/ Supervisory/ Technical/etc)	CONDUCTED/ SPONSORED BY (Write in full)
REHABINASYON THE FIRST NATIONA	L ANTI-DRUG SUMMIT	From 201			Managerial	PRESIDENTIAL COMMUNICATIONS OPERATIONS
NATIONAL INFORMATION CO		201			Managerial	OFFICE PRESIDENTIAL COMMUNICATIONS OPERATIONS
MANAGER'S CONFER		201			Managerial	OFFICE PRESIDENTIAL COMMUNICATIONS OPERATIONS
PRESIDENTIAL COMMUNICATIONS OPERATIONS (OFFICE SOUTHEAST ASIAN REGIONAL CENTER - UPLB
		2017			Supervision	PRESIDENTIAL COMMUNICATIONS OPERATIONS
PBS SYSTEM RETROFITTING GATHERING ST	RENGTH ON AND OFF THE AIR	201	5		Technical	OFFICE
VIII. OTHER INFORMATION	(Co	ntinue on separate sh	eer in necessary)			
31. SPECIAL SKILLS and HOBBIES	32. (M/r/te_in_f-lll) 33.					
N/A		N/A			N/A	
(Continue on separate sheet if necessary)						
SIGNATURE			DATE			

 34. Are you related by consanguinity or affinity to the appointin chief of bureau or office or to the person who has immedia Bureau or Department where you will be appointed, a. within the third degree? 						
b. within the fourth degree (for Local Government Unit - Ca	YES					
35. a. Have you ever been found guilty of any administrative o	YES					
b. Have you been criminally charged before any court?	YES					
36. Have you ever been convicted of any crime or violation of a by any court or tribunal?	YES					
37. Have you ever been separated from the service in any of the retirement, dropped from the rolls, dismissal, termination, e out (abolition) in the public or private sector?	☐ YES ☑ NO NO If YES, give details:					
38. a. Have you ever been a candidate in a national or local el Barangay election)?	☐ YES					
 b. Have you resigned from the government service during election to promote/actively campaign for a national or loca 	☐ YES ☐ ✓ NO If YES, give details:					
39. Have you acquired the status of an immigrant or permaner	☐ YES ☐ ✓ NO If YES, give details (country):					
 Pursuant to: (a) Indigenous People's Act (RA 8371); (b) Ma 7277); and (c) Solo Parents Welfare Act of 2000 (RA 8972 	-					
a. Are you a member of any indigenous group?	☐ YES ☐ ✓ NO If YES, please specify:					
^{b.} Are you a person with disability?	Are you a person with disability?					
c. Are you a solo parent?		If YES, please specify ID No: YES VO If YES, please specify ID No:				
41. REFERENCES (Person not related by consanguinity or affinity to applica	nt /appointee)					
NAME	ADDRESS	TEL. NO. ID picture taken within				
		the last 6 months 3.5 cm. X 4.5 cm (passport size)				
		With full and handwritten name tag and signature over				
42. I declare under oath that I have personally accomplish	ed this Personal Data Sheet which is a	printed name				
complete statement pursuant to the provisions of pertinent laws, rules and regulations of the Republic of the Philippines. I authorize the agency head / authorized representative to verify/validate the contents stated herein. I						
agree that any misrepresentation made in this document and its attachments shall cause the filing of PHOTO administrative/criminal case/s against me.						
Government Issued ID (i.e.Passport, GSIS, SSS, PRC, Driver's License, etc.) PLEASE INDICATE ID Number and Date of Issuance		——————————————————————————————————————				
Government Issued ID: DRIVER'S LICENSE						
ID/License/Passport No.: L02-71-004693	х)					
Date/Place of Issuance: VALID UNTIL 17 APRIL 2023 / LTO	Date Accomplished	Right Thumbmark				
SUBSCRIBED AND SWORN to before me this, affiant exhibiting his/her validly issued government ID as indicated above.						
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