

PERSONAL DATA SHEET

WARNING: Any misrepresentation made in the Personal Data Sheet and the Work Experience Sheet shall cause the filing of administrative/criminal case/s against the person concerned.

READ THE ATTACHED GUIDE TO FILLING OUT THE PERSONAL DATA SHEET (PDS) BEFORE ACCOMPLISHING THE PDS FORM.

Print legibly. Tick appropriate box ☐ () 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)

I. PERSONAL INFORMATION

2. SURNAME	NUÑEZ		
FIRST NAME	HEXELSA JOY		NAME EXTENSION (JR., SR) N/A
MIDDLE NAME	CUESTA		
3. DATE OF BIRTH (mm/dd/yyyy)	10/28/95	16. CITIZENSHIP	<input checked="" type="checkbox"/> Filipino <input type="checkbox"/> Dual Citizenship <input checked="" type="checkbox"/> by birth <input type="checkbox"/> by naturalization Pls. indicate country: Philippines
4. PLACE OF BIRTH	ORMOC CITY, LEYTE		
5. SEX	<input type="checkbox"/> Male <input checked="" type="checkbox"/> Female	If holder of dual citizenship, please indicate the details.	
6 CIVIL STATUS	<input checked="" type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Other/s:	17. RESIDENTIAL ADDRESS	N/A House/Block/Lot No. N/A Subdivision/Village BAYBAY City/Municipality LEYTE
7. HEIGHT (m)	1.47	ZIP CODE	6521
8. WEIGHT (kg)	65	18. PERMANENT ADDRESS	BLOCK 4 LOT 15 House/Block/Lot No. N/A TENTCITY Subdivision/Village SAN ISIDRO ORMOC City/Municipality LEYTE
9. BLOOD TYPE	AB+	ZIP CODE	6541
10. GSIS ID NO.		19. TELEPHONE NO.	N/A
11. PAG-IBIG ID NO.	121238627558	20. MOBILE NO.	09476075622
12. PHILHEALTH NO.	132507204981	21. E-MAIL ADDRESS (if any)	hexelsa.nunez@vsu.edu.ph
13. SSS NO.	34-8110828-5		
14. TIN NO.	742-258-931		
15. AGENCY EMPLOYEE NO.			

II. FAMILY BACKGROUND

22. SPOUSE'S SURNAME	N/A		23. NAME of CHILDREN (Write full name and list all)	DATE OF BIRTH (mm/dd/yyyy)
FIRST NAME	N/A	NAME EXTENSION (JR., SR)	N/A	N/A
MIDDLE NAME	N/A			
OCCUPATION	N/A			
EMPLOYER/BUSINESS NAME	N/A			
BUSINESS ADDRESS	N/A			
TELEPHONE NO.	N/A			
24. FATHER'S SURNAME	NUÑEZ			
FIRST NAME	GREGORIO	NAME EXTENSION (JR., SR) JR.		
MIDDLE NAME	DADIOS			
25. MOTHER'S MAIDEN NAME				
SURNAME	CUESTA			
FIRST NAME	LILIBETH			
MIDDLE NAME	LUCHAVEZ			

(Continue on separate sheet if necessary)

III. EDUCATIONAL BACKGROUND

26. LEVEL	NAME OF SCHOOL (Write in full)	BASIC EDUCATION/DEGREE/COURSE (Write in full)	PERIOD OF ATTENDANCE		HIGHEST LEVEL/ UNITS EARNED (if not graduated)	YEAR GRADUATED	SCHOLARSHIP/ ACADEMIC HONORS RECEIVED
			From	To			
ELEMENTARY	ORMOC CITY SPECIAL EDUCATION (SPED) CENTER	PRIMARY EDUCATION	2002	2008	Graduated	2000	VALEDICTORIAN
SECONDARY	NEW ORMOC CITY NATIONAL HIGH SCHOOL	HIGH SCHOOL	2008	2012	Graduated	2004	1ST HONORABLE MENTION
VOCATIONAL / TRADE COURSE	N/A	N/A	N/A	N/A	N/A	N/A	N/A
COLLEGE	VISAYAS STATE UNIVERSITY	DOCTOR OF VETERINARY MEDICINE	2012	2018	Graduated	2003	CUM LAUDE
GRADUATE STUDIES	N/A	N/A	N/A	N/A	N/A	N/A	N/A

(Continue on separate sheet if necessary)

SIGNATURE		DATE	12/14/2023
-----------	--	------	------------

27.	CAREER SERVICE/ RA 1080 (BOARD/ BAR) UNDER SPECIAL LAWS/ CES/ CSEE BARANGAY ELIGIBILITY / DRIVER'S LICENSE	RATING (If Applicable)	DATE OF EXAMINATION / CONFERMENT	PLACE OF EXAMINATION / CONFERMENT	LICENSE (if applicable)	
					NUMBER	Date of Validity
	VETERINARY MEDICINE LICENSURE EXAMINATION	79.2	AUGUST 15, 16 & 17, 2018	CEBU	0009810	10/28/2024

V. WORK EXPERIENCE

(Include private employment. Start from your recent work) Description of duties should be indicated in the attached Work Experience sheet.

[illegible]

(Continue on separate sheet if necessary)

Q7

DATE _____


12 | 14 | n 23

[illegible]

VII. LEARNING AND DEVELOPMENT (L&D) INTERVENTIONS/TRAINING PROGRAMS ATTENDED
(Start from the most recent L&D/training program and include only the relevant L&D/training taken for the last five (5) years for Division Chief/Executive/Managerial positions)

(Continue on separate sheet if necessary)

31. SPECIAL SKILLS and HOBBIES	32. NON-ACADEMIC DISTINCTIONS / RECOGNITION (Write in full)	33. MEMBERSHIP IN ASSOCIATION/ORGANIZATION (Write in full)
COMPUTER LITERATE (Microsoft Office, Photo and Video Editing, etc.)	PRESIDENT, COLLEGE OF VETERINARY MEDICINE-SUPREME STUDENT COUNCIL SY 2016-2017	PHILIPPINE VETERINARY MEDICAL ASSOCIATION
NEWSLETTER AND PUBLICATION WRITING	AUDITOR, UNIVERSITY SUPREME STUDENT COUNCIL SY 2016-2017	
GREAT COMMUNICATION SKILLS		

SIGNATURE		DATE	12/14/2023
-----------	---	------	------------

CS FORM 212 (Revised 2017), Page 3

34. Are you related by consanguinity or affinity to the appointing or recommending authority, or to the chief of bureau or office or to the person who has immediate supervision over you in the Office, Bureau or Department where you will be appointed,

a. within the third degree?

b. within the fourth degree (for Local Government Unit - Career Employees)?

☐ YES

☒ NO

☐ YES

☒ NO

If YES, give details:

35. a. Have you ever been found guilty of any administrative offense?

b. Have you been criminally charged before any court?

☐ YES

☒ NO

If YES, give details:

☐ YES

☒ NO

If YES, give details:

Date Filed:

Status of Case/s:

36. Have you ever been convicted of any crime or violation of any law, decree, ordinance or regulation by any court or tribunal?

☐ YES

☒ NO

If YES, give details:

37. 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 or phased out (abolition) in the public or private sector?

☒ YES

☐ NO

If YES, give details:

Resignation

38. a. Have you ever been a candidate in a national or local election held within the last year (except Barangay election)?

b. Have you resigned from the government service during the three (3)-month period before the last election to promote/actively campaign for a national or local candidate?

☐ YES

☒ NO

If YES, give details:

☐ YES

☒ NO

If YES, give details:

39. Have you acquired the status of an immigrant or permanent resident of another country?

☐ YES

☒ NO

If YES, give details (country):

40. 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:

a. Are you a member of any indigenous group?

b. Are you a person with disability?

c. Are you a solo parent?

☐ YES

☒ NO

If YES, please specify:

☐ YES

☒ NO

If YES, please specify ID No:

☐ YES

☒ NO

If YES, please specify ID No:

41. REFERENCES (Person not related by consanguinity or affinity to applicant /appointee)

NAME	ADDRESS	TEL. NO.
RIZI MARIE BEGUAS	DASMARIÑAS, CAVITE	09082362210
HANZ TIZON	SANTA ROSA, LAGUNA	09213137969
LYNARD IREMEDIO	MALABON CITY	09289058014

42. I declare under oath that I have personally accomplished this Personal Data Sheet which is a true, correct and 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 administrative/criminal case/s against me.



HEXELSA JOY C. NUÑEZ

Government Issued ID (i.e. Passport, GSIS, SSS, PRC, Driver's License, etc.)

PLEASE INDICATE ID Number and Date of Issuance

Government Issued ID: PRC ID

ID/License/Passport No.: 0009810

Date/Place of Issuance: 8/29/2018, PRC TACLOBAN

Signature (Sign inside the box)

Date Accomplished

Right Thumbmark

SUBSCRIBED AND SWORN to before me this 08 JAN 2024, affiant exhibiting his/her validly issued government ID as indicated above.

ATTY. RYAN C. GUINOCOR

VSA Chief Legal Officer

Person Administering Oath

WORK EXPERIENCE SHEET

Instructions: 1. Include only the work experiences relevant to the position being applied to.

2. The duration should include start and finish dates, if known, month in abbreviated form, if known, and year in full. For the current position, use the word Present, e.g., 1998-Present. Work experience should be listed from most recent first.

- Duration: November 26, 2018 – October 15, 2020
- Position: Veterinarian
- Name of Office/Unit: Small Animal Practice
- Immediate Supervisor: Dr. James Lester Castronuevo
- Name of Agency/Organization and Location: Oasis Animal Clinic and Grooming Center, Sta. Rosa, Laguna (Main Branch)
- List of Accomplishments and Contributions (if any)
- Summary of Actual Duties
 - Worked together with more or less 30 Veterinarians—able to adapt, be taught and open-mindedly discuss varying ideas and practices together with colleagues to derive appropriate measures that will prioritize the patients' health and well-being.
 - Responsible in examination of animals, their health status, give necessary preventions/treatment in cases involving different diseases in companion animals and provides detailed case history/report as references to colleagues.
 - Tasked to perform different operations including surgical and diagnostic procedures to come up with an accurate diagnosis and provide a patient utmost care and appropriate treatment plan.
 - Supervised clinic staff on handling of animals and also inputs details of a case to account things done to a patient for references of colleagues.
 - Dealt with various clients in different clinic branches, handling and prioritizing both their needs and their pets.


HEXELSA JOY C. NUÑEZ

(Signature over Printed Name
of Employee/Applicant)

Date: 12/14/2023