Revised 2017		PERSO	NAL DA	TA S	HEE	т	MART RESIDENCE	23.		
M/A DAMAG. A										
WARNING: Any misreprese READ THE ATTACHED GU							minal case/s agains	the person co	incerned.	
Print legibly. Tick appropriate b	ox () and use separate she	et if necessary. Indicate	N/A if not applicable. DO NO	T ABBREVIATE	HE PDS FOR	1. CSID N	0.	(Do not fill	up. For CSC use only	
I. PERSONAL INFORM										
2. SURNAME	NUÑEZ									
FIRST NAME	HEXELSA JOY						NAME EXTENSION (JF	R, SR) N/A		
MIDDLE NAME 3. DATE OF BIRTH	CUESTA		_						and the second	
(mm/dd/yyyy)	10/28/	95	16. CITIZENSHIP	eventue N ₁	Tio. morodo		hip by naturalization			
4. PLACE OF BIRTH	ORMOC CITY	, LEYTE	If holder of dual citiz	zenship,				AND THE RESERVED		
5. SEX	Male	✓ Female	please indicate the	details.			Yes of	+		
6 CIVIL STATUS OW. JAUTSARTMSS	Single Widowed Other/s:	Married Separated	17. RESIDENTIAL ADDRESS		N/A House/Block/Lot No. N/A Subdivision/Village BAYBAY		N/A Street GUADALUPE Barangay LEYTE			
7. HEIGHT (m)	1.47			S						
8. WEIGHT (kg)	65		ZIP CODE	6521	City/Municipality		Province			
9. BLOOD TYPE	AB+		18. PERMANENT ADDRESS		LOCK 4 LOT 15			N/A		
10. GSIS ID NO.				Ho	House/BlodvLot No. TENTCITY			Street SAN ISIDRO		
11. PAG-IBIG ID NO.	40400007550			Subdivision/Mage ORMOC City/Municipality			Barangay			
and the second s	121238627558						Province			
12. PHILHEALTH NO.	132507204981		ZIP CODE		6541					
13. SSS NO.	34-8110828-5		19. TELEPHONE NO.	N/A				Darit.		
14. TIN NO.	742-258-931		20. MOBILE NO.	09476075622						
15. AGENCY EMPLOYEE NO.		and the second s	21. E-MAIL ADDRESS (if any)		<u>t</u>	nexelsa.r	nunez@vsu.ed	lu.ph	Constant of the Constant of th	
II. FAMILY BACKGRO	UND			100	2000	and the part of				
22. SPOUSE'S SURNAME				23. NAME of CHILDREN (Write full name and list all)			DATE OF BIRTH (mm/dd/yyyy)			
FIRST NAME			NAME EXTENSION (JR, SR)		N/A	N		N/A		
MIDDLE NAME	N/A								Approximately	
OCCUPATION	N/A									
EMPLOYER/BUSINESS NAME	N/A								Approximate the second	
BUSINESS ADDRESS	N/A									
TELEPHONE NO.	N/A	1					The state of the s		1	
24. FATHER'S SURNAME	NUÑEZ		1					- Specific Co		
FIRST NAME	GREGORIO		NAME EXTENSION (JR., SR) JR.						No. of State	
MIDDLE NAME	DADIOS								to the property of	
25. MOTHER'S MAIDEN NAME										
SURNAME	CUESTA	the second second								
FIRST NAME	LILIBETH									
MIDDLE NAME III. EDUCATIONAL BA	LUCHAVEZ				(0	Continue on s	eparate sheet if nece	ssary)		
	CAGROUND									
26. LEVEL	NAME OF SCHOOL (Write in full)		BASIC EDUCATION/DEGR (Write in full)	EE/COURSE	PERIOD OF A	TTENDANCE	HIGHEST LEVEL/ UNITS EARNED (if not graduated)	YEAR GRADUATED	SCHOLARSHIP/ ACADEMIC HONORS RECEIVED	
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 / N/A N/A		N/A		N/A	N/A	N/A	N/A	N/A		
COLLEGE	VISAYAS STATE UI	NIVERSITY	DOCTOR OF VETERINARY MEDICINE		2012	2018	Graduated	2003	CUM LAUDE	
GRADUATE STUDIES	N/A	77.10	N/A		N/A	N/A	N/A	N/A	N/A	
SIGNATURE	Q.(Continue on separate sheet if i	necessary)			15-1	7		
OIGHAT DRE	~10				DA	TE	12/14	4 n 23		

	SERVICE ELIGIBI R SERVICE/ RA 1080 (BOA							LICENSE (if	applicable)
27. CAREER SERVICE/ RA 1080 (BOARD/ BAR) UNDER SPECIAL LAWS/ CES/ CSEE BARANGAY ELIGIBILITY / DRIVER'S LICENSE		RATING DATE OF EXAMINATION ((If Applicable) CONFERMENT		PLACE OF EXAMIN	RMENT	NUMBER	Date of		
VETERINA	RY MEDICINE LICEN	ENSURE EXAMINATION 79.2 AUGUST 15, 16 & 17, 2018 CEBU		to the state of the state	0009810	Validity 10/28/2024			
10° 20° 30° 30° 30° 30° 30° 30° 30° 30° 30° 3	**************************************		A LEGISLAND AND ONLY	2010 2010 TO A Co.			sur angulor de plant	er often genkrag chry	
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V WORK	EXPERIENCE	de antique de la companya de la comp	gazaras (A	Continue on separate sheet if	necessary)	16/26/99	A1886A		
		art from your recent worl	k) Description o	f duties should be indica	ted in the attached World	k Experience	sheet.		
	LUSIVE DATES mm/dd/yyyy) To	POSITION TITL (Write in full/Do not ab			CY/OFFICE/COMPANY o not abbreviate)	MONTHLY SALARY	SALARY/JOB/PAY GRADE (if applicable) & STEP (Format*00-0*)/ INCREMENT	STATUS OF APPOINTMENT	GOV'T SERVICE (Y/ N)
1/26/2018	10/15/20	VETERINARIA	AN		NIC AND GROOMING NTER	P30, 000	N/A	CONTRACTUAL	NO
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332	AW	ard M	2-	HIP	WAT		1004		
SIGN	ATURE	9	All	ontinue on separate sheet if n	DATE	7.48	12/14/102) CS FORM 212 (Revised	104 275

II. VOLUNTARY WORK OR INVOLVEMENT IN CIVIC I NON-GOV	ERNMENT / PFO	PLE / VOLUM	TARY ORGA	NIZATIONIS		
NAME A ADDRESS OF CO. CANADATA		VE DATES		A CONTRACTOR OF THE PARTY OF TH		
9. NAME & ADDRESS OF ORGANIZATION (Write in full)	(mm/de	d/yyyy)	NUMBER OF HOURS	in the hard to be	POSITION / NATURE OF WORK	
OUTH FOR CHRIST, ORMOC CITY, LEYTE (CENTRAL SECTOR)	2011	To 2015		MEMBER/SPEAKER IN TALKS IN YOUTH CAMPS		
(2010				
				The second secon	greaters, a religion series for president d	
II. LEARNING AND DEVELOPMENT (L&D) INTERVENTIONS/T	RAINING PROGR		DED			
National tree most recent L&D/training program and include only the relevant L&D/train TITLE OF LEARNING AND DEVELOPMENT INTERVENTIONS/TRAINING PROGRAMS (Write in full)	INCLUSIVE DATES	INCLUSIVE DATES OF ATTENDANCE		Type of LD Type of LD (Managerial/ Supervisory/ Technical/etc)	CONDUCTED/ SPONSORED BY (Write in full)	
ETERNARY MEDICAL MICCION	From	Last of the man he was			PROVINCIAL VETERINARY SERVICES OFFICE,	
ETERINARY MEDICAL MISSION	08/25/2022	08/25/2022	8.0	TECHNICAL	LIMASAWA, SOUTHERN LEYTE	
ET WELLNESS DAY AND RABIES EDUCATION CAMPAIGN	09/28/2022	09/28/2022	8.0	TECHNICAL	LGU-BAYBAY, BAYBAY CITY, LEYTE	
ET EASTERB VISAYAS COMPANION ANIMAL CONFERENCE	10/24/2022	10/24/2022	8.0	TECHNICAL	VAXILIFE/PHILVETS/VETEXENTIALS/HIPRA ETC., LEYTE NORMAL UNIVERSITY, TACLOBAN CITY	
VM-VSU FIRST ANIMAL WELFARE TRAINING	'11/23/2022	'11/23/2022	8.0	TECHNICAL	COLLEGE OF VETERINARY MEDICINE, VISAYAS STAT UNIVERSITY, VISCA, BAYBAY CITY	
THE ANNUAL CONVENTION AND SCIENTIFIC CONFERENCE	02/19/2020	02/21/2020	24.0	TECHNICAL	PHILIPPINE VETERINARY MEDICAL ASSOCIATION	
t INTERNATIONAL SYMPOSIUM ON INFECTIOUS DISEASES	12/21/20	12/22/202	12.0	TECHNICAL	CENTRAL LUZON STATE UNIVERSITY	
N-THE-JOB-TRAINING/FIELD EXPERIENCE	02/14/2018	03/15/2018	168.0	TECHNICAL	REGIONAL ANIMAL DISEASE DIAGNOSTIC LABORATORY-REGION 3	
N-THE-JOB TRAINING	01/1/2018	02/2018	178.0	TECHNICAL	PILMICO FARMS, CAPAS, TARLAC	
N-THE-JOB TRAINING	03/19/2018	04/6/2018	168.0	TECHNICAL	DREAMLAND NATURE AND ADVENTURE PARK, AMLA NEGROS ORIENTAL	
N-THE-JOB TRAINING	04/1/2018	05/1/2018	168.0	TECHNICAL	ANIMAL WELLNESS VETERINARY HOSPITAL, BANILA CEBU	
N-THE-JOB-TRAINING/INTERNSHIP		2017	200.0	TECHNICAL	UBAY STOCK FARM, UBAY, BOHOL	
N-THE-JOB-TRAINING	and any or and	2017	200.0	TECHNICAL	CEBU SAFARI & ADVENTURE PARK, CARMEN, CEBU PHILIPPINE CARABAO CENTER-CMU, MUSUAN,	
IELD PRACTICUM	04/13/2016	05/19/2016	200.0	TECHNICAL	BUKIDNON SERVICE CAPABAG CERTEROSIG, MOCOSAG,	
ELD PRACTICUM	05/21/2016	06/11/2016	200.0	TECHNICAL	JERASENES SWINE FARM, OPOL, MISAMIS ORIENTA	
	A COLOR	TA-OF I THE			AOSIY EMARI	
		7/10/EA JE 15	2	THE PARTY OF THE P	CASMS M GO - A T	
1 1.28 SEC 707	and the second		1 (38)	10.00		
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	(Continue on s	eparate sheet if no	ecessary)			
VIII. OTHER INFORMATION	NON-ACADEMI	C DISTINCTIONS /	RECOGNITION	Career contract of the contrac	MEMBERSHIP IN ASSOCIATION/ORGANIZATION	
31. SPECIAL SKILLS and HOBBIES 32.		(Write in full)		NT COUNCIL SY 201	33. (Write in full)	
COMPUTER LITERATE (Microsoft Office, Photo and Video Editing, etc.) PRESIDENT, COLLEGE OF VETERINARY MED 2					PHILIPPINE VETERINARY MEDICAL ASSOCIAT	
NEWSLETTER AND PUBLICATION WRITING AUDITOR	R, UNIVERSITY SUPP	REME STUDENT	COUNCIL SY 2			
GREAT COMMUNICATION SKILLS	172					
	MILL M. TSS 6.5	7-30-55				
The state of the s	(Continue on	separate sheet if i	necessary)			
SIGNATURE				DATE	12/14/2023	

34.	Are you related by consanguinity or affinity to the appointing o chief of bureau or office or to the person who has immediate s Bureau or Department where you will be apppointed,					
	a. within the third degree? b. within the fourth degree (for Local Government Unit - Caree)	er Employees)?		√ NO		
		2				
35.	a. Have you ever been found guilty of any administrative offen	se /	If YES, give details:	√ NO		
	b. Have you been criminally charged before any court?	If 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 by any court or tribunal?	☐ YES				
37.	Have you ever been separated from the service in any of the fretirement, dropped from the rolls, dismissal, termination, end out (abolition) in the public or private sector?	YES NO IFYES, give details: Resignation				
38.	a. Have you ever been a candidate in a national or local elect Barangay election)?	YES NO If YES, give details:				
	 b. Have you resigned from the government service during the election to promote/actively campaign for a national or local c 	YES NO If YES, give details:				
39.	Have you acquired the status of an immigrant or permanent re	If YES, give details (country):				
40.	Pursuant to: (a) Indigenous People's Act (RA 8371); (b) Magn 7277); and (c) Solo Parents Welfare Act of 2000 (RA 8972), pl			SIMPLES TO ENEMED TO SHORE		
a. h	Are you a member of any indigenous group?	If YES, please specify:				
о. С.	Are you a solo parent?	If YES, please specify ID No: YES NO NO				
41.	REFERENCES (Person not related by consanguinty or affinity to applicant /ap	0.005	If YES, please specify ID	No:		
	NAME ACCEPTAGE A	ADDRESS	TEL. NO.			
1 4 1 1 1	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 complete statement pursuant to the provisions of pertinen Philippines. I authorize the agency head/authorized represen agree that any misrepresentation made in this docume administrative/criminal case/s against me.	t laws, rules and regulations of the I tative to verify/validate the contents state	Republic of the	HEXELSA JOY C. NUÑEZ		
Go	overnment Issued ID (i.e.Passport, GSIS, SSS, PRC, Drive's License, etc.) LEASE INDICATE ID Number and Date of Issuance	0.1		1		
	overnment Issued ID: PRC ID	CAK				
ID	/License/Passport No.: 0009810	pox)				
Da	ate/Place of Issuance: 8/29/2018, PRC TACLOBAN		Right Thumbmark			
No. of Contraction	SUBSCRIBED AND SWORN to before me this	8 JAN 2024 affiant exhibiting	ng his/her validly issued gov	remment ID as indicated above.		
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		VSV Chief Legal Officer Person Administering Oat	th	The second second second second		

WORK EXPERIENCE SHEET

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

- 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 OY C. NUÑEZ

(Signature over Printed Name of Employee/Applicant)

Date: 12 14/2023