

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 boxes ( ☐ ) 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)	28/10/1995	16. CITIZENSHIP	<input checked="" type="checkbox"/> Filipino <input type="checkbox"/> Dual Citizenship	
4. PLACE OF BIRTH	ORMOC CITY, LEYTE	If holder of dual citizenship, please indicate the details.	<input checked="" type="checkbox"/> by birth <input type="checkbox"/> by naturalization	
5. SEX	<input type="checkbox"/> Male <input checked="" type="checkbox"/> Female		Pls. indicate country:	
6 CIVIL STATUS	<input checked="" type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Separated <input type="checkbox"/> Other/s:	17. RESIDENTIAL ADDRESS	Philippines ▼	
7. HEIGHT (m)	1.47	ZIP CODE	N/A	
8. WEIGHT (kg)	55		House/Block/Lot No.	Street
9. BLOOD TYPE	AB+		N/A	GUADALUPE
10. GSIS ID NO.			Subdivision/Village	Barangay
11. PAG-IBIG ID NO.	121238627558		BAYBAY	LEYTE
12. PHILHEALTH NO.	132507204981	18. PERMANENT ADDRESS	City/Municipality Province	
13. SSS NO.	34-8110828-5	ZIP CODE	BLOCK 4 LOT 15	N/A
14. TIN NO.	742-258-931		House/Block/Lot No.	Street
15. AGENCY EMPLOYEE NO.			TENTCITY	SAN ISIDRO
			Subdivision/Village	Barangay
			ORMOC	LEYTE
		19. TELEPHONE NO.	City/Municipality Province	
			6541	
		20. MOBILE NO.	N/A	
		21. E-MAIL ADDRESS (if any)	09476075622	
			hexelsa.nunez@vsu.edu.ph	

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	January 3, 2022
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## IV. CIVIL SERVICE ELIGIBILITY

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
	<b>VETERINARY MEDICINE LICENSURE EXAMINATION</b>	<b>79.2</b>	<b>AUGUST 15, 16 &amp; 17, 2018</b>	<b>CEBU</b>	<b>0009810</b>	<b>10/28/2024</b>

(Continue on separate sheet if necessary)

## V. WORK EXPERIENCE

[illegible]







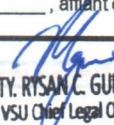
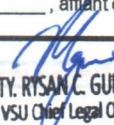
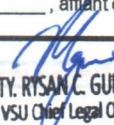
(Continue on separate sheet if necessary)

SIGNATURE		DATE	1/9/2022
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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)		NUMBER OF HOURS	POSITION / NATURE OF WORK	
		From	To			
	YOUTH FOR CHRIST, ORMOC CITY, LEYTE (CENTRAL SECTOR)	2011	2015		MEMBER/SPEAKER IN TALKS IN YOUTH CAMPS	
(Continue on separate sheet if necessary)						
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)						
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)
		From	To			
	87th ANNUAL CONVENTION AND SCIENTIFIC CONFERENCE	02/19/2020	02/21/2020	24.0	TECHNICAL	PHILIPPINE VETERINARY MEDICAL ASSOCIATION
	1st INTERNATIONAL SYMPOSIUM ON INFECTIOUS DISEASES	21/12/2020	12/22/202	12.0	TECHNICAL	CENTRAL LUZON STATE UNIVERSITY
	ON-THE-JOB-TRAINING/FIELD EXPERIENCE	02/14/2018	03/15/2018	168.0	TECHNICAL	REGIONAL ANIMAL DISEASE DIAGNOSTIC LABORATORY-REGION 3
	ON-THE-JOB TRAINING	01/1/2018	02/2018	178.0	TECHNICAL	PILMICO FARMS, CAPAS, TARLAC
	ON-THE-JOB TRAINING	03/19/2018	04/6/2018	168.0	TECHNICAL	DREAMLAND NATURE AND ADVENTURE PARK, AMLAN NEGROS ORIENTAL
	ON-THE-JOB TRAINING	04/1/2018	05/1/2018	168.0	TECHNICAL	ANIMAL WELLNESS VETERINARY HOSPITAL, BANILAD, CEBU
	ON-THE-JOB-TRAINING/INTERNSHIP		2017	200.0	TECHNICAL	UBAY STOCK FARM, UBAY, BOHOL
	ON-THE-JOB-TRAINING		2017	200.0	TECHNICAL	CEBU SAFARI & ADVENTURE PARK, CARMEN, CEBU
	FIELD PRACTICUM	04/13/2016	05/19/2016	200.0	TECHNICAL	PHILIPPINE CARABAO CENTER-CMU, MUSUAN, BUKIDNON
	FIELD PRACTICUM	05/21/2016	06/11/2016	200.0	TECHNICAL	JERASENES SWINE FARM, OPOL, MISAMIS ORIENTAL
(Continue on separate sheet if necessary)						
VIII. OTHER INFORMATION						
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					
(Continue on separate sheet if necessary)						
SIGNATURE				DATE	January 3, 2022	



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)?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES <input checked="" type="checkbox"/> 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?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If YES, give details: _____  <input type="checkbox"/> YES <input checked="" type="checkbox"/> 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?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> 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?	<input checked="" type="checkbox"/> YES <input type="checkbox"/> 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?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If YES, give details: _____  <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If YES, give details: _____												
39. Have you acquired the status of an immigrant or permanent resident of another country?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> 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?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If YES, please specify: _____  <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If YES, please specify ID No: _____  <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If YES, please specify ID No: _____												
41. REFERENCES (Person not related by consanguinity or affinity to applicant /appointee)													
<table><tr><td>NAME</td><td>ADDRESS</td><td>TEL. NO.</td></tr><tr><td>RIZI MARIE BEGUAS</td><td>DASMARIÑAS, CAVITE</td><td>09082362210</td></tr><tr><td>HANZ TIZON</td><td>SANTA ROSA, LAGUNA</td><td>09213137969</td></tr><tr><td>LYNARD IREMEDIO</td><td>MALABON CITY</td><td>09289058014</td></tr></table>		NAME	ADDRESS	TEL. NO.	RIZI MARIE BEGUAS	DASMARIÑAS, CAVITE	09082362210	HANZ TIZON	SANTA ROSA, LAGUNA	09213137969	LYNARD IREMEDIO	MALABON CITY	09289058014
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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.													
<table><tr><td>Government Issued ID (i.e. Passport, GSIS, SSS, PRC, Driver's License, etc.) PLEASE INDICATE ID Number and Date of Issuance</td></tr><tr><td>Government Issued ID: PRC ID</td></tr><tr><td>ID/License/Passport No.: 0009810</td></tr><tr><td>Date/Place of Issuance: 8/29/2018, PRC TACLOBAN</td></tr></table>	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	<table><tr><td></td></tr><tr><td>Signature (Sign inside the box)</td></tr><tr><td>January 3, 2022</td></tr><tr><td>Date Accomplished</td></tr></table>		Signature (Sign inside the box)	January 3, 2022	Date Accomplished				
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	<table><tr><td></td></tr><tr><td>Right Thumbmark</td></tr></table>		Right Thumbmark										
													
Right Thumbmark													
SUBSCRIBED AND SWORN to before me this 17 FEB 2022, affiant exhibiting his/her validly issued government ID as indicated above.													
<table><tr><td></td></tr><tr><td>ATTY. RYSAN C. GUINOCOR VSU Chief Legal Officer</td></tr><tr><td>Person Administering Oath</td></tr></table>			ATTY. RYSAN C. GUINOCOR VSU Chief Legal Officer	Person Administering Oath									
													
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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: Jan. 3, 2022