CS Form No. 212		and the second of the second of	Specific Street, Married		Marine and			
Revised 2017	PERSO	NAL DAT	A SH	IEET	FECTO SCA			
WARNING: Any misrepresenta	ation made in the Personal Data Sheet and th	e Work Experience Sheet sha	Il cause the t	filing of admi	nistrative/c	riminal case/s ag	ainst the per	son
concerned.	TO FILLING OUT THE PERSONAL DATA SE							Y.
	s () a use separate sheet if necessary. Indicate				1. CS ID No.		(Do not fill up. F	or CSC use only
I. PERSONAL INFORMATION	ON							
2. SURNAME	CUEVA							
FIRST NAME	SHEBELLE					NAME EXTENSION (JR.	, SR) N/A	
MIDDLE NAME	ALCARIA	ting name and the transfer of the transfer of the second o			or the contract of the second			
3. DATE OF BIRTH	01/10/1997	16. CITIZENSHIP						
(mm/dd/yyyy)	VIIIVIII	iv. offizzionii		☐ Filipino ☐ Dual Citizenship☐ by birth			by naturalization	
4. PLACE OF BIRTH	CEBU CITY	If holder of dual citizer	nship,	Pls. indicate of				
		please indicate the details.		i io. indicate country.				
5. SEX	Male Female	Laction Constitution Co.	unice.")		Marketty & Option of the			Y
6 CIVIL STATUS	✓ Single	17. RESIDENTIAL ADDRESS	Ho	N/A use/Block/Lot No).		Street	
	Other/s:		0	N/A ubdivision/Village			GABAS Barangay	
7. HEIGHT (m)	148 cm	CONTRACTOR OF THE		BAYBAY	T MORREGA		LEYTE	physical
8. WEIGHT (kg)	45 kg	ZIP CODE		City/Municipality	Bon o Guera III	6521	Province	i sus
The Section of the Se	YHAMFIS	18. PERMANENT ADDRESS		MAINA HER STEV STADORA			LANGUB	
9. BLOOD TYPE	TYPE A+	IO. I ENWANCINI ADDINESS	Но	use/Block/Lot No).		Street	1/5
10. GSIS ID NO.	2005818172	VAU STATORAYABIV	Sı	N/A SQTQUARSAT			KALUNASAN Barangay CEBU	
11. PAG-IBIG ID NO.	1212-5869-2292		CEBU					
12. PHILHEALTH NO.	1225-0978-6982	ZIP CODE		City/Municipality 6000			Province	
13. SSS NO.	06-4356517-7	19. TELEPHONE NO.		N/A				
14. TIN NO	770-955-390-000	20. MOBILE NO.	1. 1	09974179589				
15. AGENCY EMPLOYEE NO.	V01205	21. E-MAIL ADDRESS (if any)		shebelle.cueva@vsu.edu.ph				
II. FAMILY BACKGROUND	D in the second second							
22. SPOUSE'S SURNAME	N/A		23. NAME of C	HILDREN (Write	e full name an	d list all)	DATE OF BIR	TH (mm/dd/yyyy)
FIRST NAME	N/A	NAME EXTENSION (JR., SR) N/A			WA			N/A
MIDDLE NAME	N/A							
OCCUPATION	N/A							
EMPLOYER/BUSINESS NAME	N/A							
BUSINESS ADDRESS	N/A							
TELEPHONE NO.	· N/A						and the second second	
24. FATHER'S SURNAME	CUEVA							
	MANUEL	NAME EXTENSION (JR., SR) N/A						
FIRST NAME					V			
MIDDLE NAME	LANTICSE							
25. MOTHER'S MAIDEN NAME								
SURNAME	ALCARIA							
FIRST NAME	MARITA							
MIDDLE NAME	ALBARAN			(Co	ntinue on se	parate sheet if nece	ssary)	
III. EDUCATIONAL BACK	GROUND					100		
26. LEVEL	NAME OF SCHOOL (Write in full)	BASIC EDUCATION/DEGREE/COURSE (Write in full)		Part of the same	TO	HIGHEST LEVEL/ UNITS EARNED (if not graduated)	YEAR GRADUATED	SCHOLARSHIP/ ACADEMIC HONORS RECEIVED
ELEMENTARY	GUADALUPE ELEMENTARY SCHOOL	PRIMARY EDUCATION		From 06/01/2003	To 03/01/2009	N/A	2009	9TH HONOR
SECONDARY	ABELLANA NATIONAL SCHOOL	SECONDARY EDUCATION		06/01/2009	03/01/2013	N/A	2013	6TH HONOR
VOCATIONAL / TRADE COURSE	N/A	N/A		N/A	N/A	N/A	N/A	N/A

N/A N/A N/A N/A N/A N/A N/A PILMICO SCHOLAR VISAYAS STATE UNIVERSITY DOCTOR OF VETERINARY MEDICINE 06/02/2013 6/14/2019 N/A 2019 N/A N/A N/A NA N/A N/A DATE AUGUST 1, 2022 CS FORM 212 (Revised 2017), Page 1 of 4

COLLEGE

GRADUATE STUDIES

SIGNATURE

CAPI	FER SERVICE/ RA 109	BILITY 80 (BOARD/ BAR) UNDER		DATE OF '				LICENSE' (if a	pplicable)
CAREER SERVICE/ RA 1080 (BC SPECIAL LAWS/ CE: BARANGAY ELIGIBILITY / DR		S/ CES/ CSEE	RATING (If Applicable)	DATE OF EXAMINATION / CONFERMENT	PLACE OF EXAMINA	TION / CONFERMENT		NUMBER	Date of Validity
. 37	DVM LICENSUI		81.0	AUGUST 14-16, 2020	UC MAMBALI	NG, CEBU C	ITY when nobe	0010406	01.10.22
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	EXPERIENCE vate employment	t. Start from your recen		ion of duties should be	56.15.4	ed Work Ex	perience shee	t.	
(1	LUSIVE DATES mm/dd/yyyy)	POSITION TO (Write in full/Do not		DEPARTMENT / AGENC		MONTHLY SALARY	SALARY/ JOB/ PAY GRADE (if applicable)& STEP (Format *00-0*)/	STATUS OF APPOINTMENT	GOV'T SERVICI (Y/N)
From 19	9.18.20	ASSOCIATE VETI	ERINARIAN		SS VETERINARY	20000.00	INCREMENT N/A	CASUAL	N,
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ne.	AM AM	AMI AN	AM	AW		AM	:	ENGUE	
				(Continue on separate sheet if	necessary)		AUGUST 1, 202		na wayaaha

VI. VOLUNTARY WORK OR INVOLVEMENT I	N CIVIC / NO	ON-GOVERNM	ENT / PEOPLE	/ VOLUNTAR	Y ORGANIZATION/S	
29. NAME & ADDRESS OF ORGANIZATION (Write in full)	INCLUSIVE DATES (mm/dd/yyyy)		NUMBER OF HOURS	POSI	ITION / NATURE OF WORK	
	From To					
PVMA CENTRAL VISAYAS CHAPTER	10.9.2019	PRESENT	N/A rechefice	AUDITOR	e Haye you ever been found grink o	
and the second						
Ves (1) No 1 YES give details:				ituice yns amled	Have you been criminally charged	
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•	(Continue	on separate sheet i	f necessary)		Men, and to the divine	
VII. LEARNING AND DEVELOPMENT (L&D)	INTERVENT	IONS/TRAINII	NG PROGRAM	S ATTENDED		
Start from the most recent L&D/training program and include	only the relevan	t L&D/training take	n for the last five (5)	years for Division (Chief/Executive/Managerial positions)	
30. TITLE OF LEARNING AND DEVELOPMENT INTERVENTIONS/TRAINING PROGRAMS (Write in full)	ATTI	VE DATES OF ENDANCE n/dd/yyyy)	NUMBER OF HOURS	Type of LD (Managerial/ Supervisory/	CONDUCTED/ SPONSORED BY (Write in full)	
1895 0.00 631 5	. From	Тө		Technical/etc)	Secretary day to see	
Jitrasound and Basic Echocardiographic Parameters Webinar	6/24/2022	6/24/2022	2.0	TECHNICAL	VPAP	
Plantation Herbicide Resistance Management Webinar	06/09/2022	06/09/2022	2.0	TECHNICAL	CROPLIFE PHILIPPINES	
ord Indonesia Animal Hospital and Clinic Expo INAHEX) 2021	11/06/2021	11/09/2021	36.0	TECHNICAL	INAHEX	
Zoetis Zummit : Regional Scientific Forum	05/04/2021	05/07/2021	6.0	TECHNICAL	ALCO SELECTION (SELECTION) LINE	
2021 NRCP ANNUAL SCIENTIFIC CONFERENCE AND 88TH GENERAL MEMBERSHIP ASSEMBLY	03/10/2021	03/10/2021	4.0	TECHNICAL	DOST NRCP	
SCIENCE DIRECT ARTICLES AND JOURNALS WEBINAR	1/29/2021	1/29/2021	4.0	TECHNICAL	DOST PCIEERD	
PVMA-CV 20TH REGIONAL CONVENTION	08/10/2019	09/10/2019	4.0	TECHNICAL	PVMA-CENTRAL VISAYAS CHAPTER	
	(Continue	on separate sheet	if necessary)	na a stalle to stand	mano et antique et es 19 S.R. (ASR ERS)	
VIII. OTHER INFORMATION					3/10/2	
31. SPECIAL SKILLS and HOBBIES	: No		TINCTIONS / RECO	GNITION	33. ASSOCIATION/ORGANIZATION	
PAINTING 850A656300		MOO, CEBU CITY	NONE		PVMA-CENTRAL VISAYA CHAPTER	
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	(Continue	on separate sheet	if necessary)		005/104 N. Dr. Japanisa (50	
SIGNATURE	On.	/ Alex		ATE	AUGUST 1, 2022	

	re you related by consanguinity or affinity to the appointing						
D.	nief of bureau or office or to the person who has immediate	supervision over you in the Office,		and the state of t			
	ureau or Department where you will be apppointed, within the third degree?						
	er alle bestelle and the control of	oor Employage)2	YES 🖸	STATE OF THE PROPERTY OF THE P			
D.	within the fourth degree (for Local Government Unit - Card	eer Employees)?	If YES, give details:	NO CEEPOOR & SMAN ES.			
5. a.	Have you ever been found guilty of any administrative offe	ense? ANN THESERY PROSE	☐ YES ☑ NO If YES, give details: ☐ YES ☑ NO If YES, give details: Date Filed: Status of Case/s:				
b.	Have you been criminally charged before any court?						
	ave you ever been convicted of any crime or violation of any court or tribunal?	ny law, decree, ordinance or regulation by	YES SI If YES, give details:	NO			
dr	ave you ever been separated from the service in any of the opped from the rolls, dismissal, termination, end of term, file public or private sector?		YES	I NO			
	Have you ever been a candidate in a national or local elecarangay election)?	☐ YES ☑ NO If YES, give details:					
	Have you resigned from the government service during the ection to promote/actively campaign for a national or local	YES NO					
39. Ha	ave you acquired the status of an immigrant or permanent	☐ YES ☑ NO If YES, give details (country):					
			PI TONS SIGNAL	же постоя учина мака поврем жи Лукинем этом			
	ursuant to: (a) Indigenous People's Act (RA 8371); (b) Mag nd (c) Solo Parents Welfare Act of 2000 (RA 8972), please		c Forum 0.3	Zaştis Zummit : Şagional Sclebiti			
Ar	re you a member of any indigenous group?	0.8 *50500*C0 +3050a*	YES If YES, please specify:	2021 NRCP ANNUAL SCHOOL STATE SHEEL OF STATE OF			
Ar	re you a person with disability?	81.2021 102012E21 4.0	☐ YES If YES, please specify ID	No.			
Ar	re you a solo parent?	10/2019 05/10/2019 4.0	YES If YES, please specify ID	PVIMA-OV 2011 REGIONA ON SON			
1. RE	FERENCES (Person not related by consanguinity or affinity to applican	t /appointee)	•				
	NAME	ADDRESS	TEL NO.				
110	LOTIS M. BALALA	VSU, BAYBAY CITY LEYTE	balalalotis@vsu.e	75 6-6			
The same of the sa	BAYARN JOHN ANTHONY CAHIG	LAHUG, CEBU CITY	9055294028				
	GAMALIEL JON CUARESMA	DUMAGUETE CITY	gamalieljoncuaresm a22@gmail.com				
CO Ph ag	declare under oath that I have personally accomplished implete statement pursuant to the provisions of pertinal personal	nent laws, rules and regulations of the entative to verify/validate the contents state	Republic of the ed herein.	CUEVA, SHEBELLE ALCARIA PHOTO			
ac	rmment Issued ID (i.e. Passport, GSIS, SSS, PRC, Driver's License, etc.) ASE INDICATE ID Number and Date of Issuance						
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Gover	ense/Passport No.: 0010406	AUGUST 1, 2022 Date Accomplished		Right Thumbmark evernment ID as indicated above.			
Gover	ense/Passport No.: 0010406 Place of Issuance: 9/10/2019 (CEBU CITY)	AUGUST 1, 2022 Date Accomplished		Some way but and the second			

WORK EXPERIENCE SHEET

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

- 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 starting with the most recent/present employment
- Duration: September 21, 2020- present
- Position: Instructor 1
- Name of Office/Unit: Department of Veterinary Clinical Sciences
- Immediate Supervisor: Dr.Santiago T. Peňa, Jr.
- Name of Agency/Organization and Location: College of Veterinary Medicine, Visayas State University, Visca, Baybay City, Leyte
 - List of Accomplishments and Contributions (if any)
 - Summary of Actual Duties
 - The work includes teaching a number of students based on the assigned subjects, including the preparation of IEC materials to be used during the lectures, formation of examination sheets and laboratory activities, correcting papers during exams, computation of grades, etc.
 - Supervises advisees conducting their undergraduate thesis in the fields of epidemiology, parasitology, bacteriology and mycology
 - Member in different committees within the College
 - Involved in the research projects and extension duties of the College of Veterinary Medicine, and submission of its annual reports.
- Duration: September 18, 2019-Sept 18, 2020
- Position: Associate Veterinarian
- Name of Office/Unit:Medical Department
- Immediate Supervisor: Dr. Guillermo P. Zialcita
- Name of Agency/Organization and Location: A-Z Animal Wellness Veterinary Hospital and Clinics, Banilad Cebu City
 - List of Accomplishments and Contributions (if any)
 - Summary of Actual Duties
 - Responsible for vaccinating, diagnosing, and treating animal health problems, specifically cats and dogs. Performs diagnostic tests such as CBC, Blood Chemistry, microscopy, xray and ultrasound. Assist in performing surgeries.

SHEBEILE A. CUEVA

(Signature over Printed Name of Employee/Applicant)

Date: August 1, 2022