

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)	10/28/1995	16. CITIZENSHIP	<input checked="" type="checkbox"/> Filipino <input type="checkbox"/> Dual Citizenship <input type="checkbox"/> by birth <input type="checkbox"/> by naturalization Pls. indicate country:
4. PLACE OF BIRTH	ORMOC CITY	If holder of dual citizenship, please indicate the details.	
5. SEX	<input type="checkbox"/> Male <input checked="" type="checkbox"/> Female		
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	BLOCK 4 LOT 15 House/Block/Lot No. Street TENTCITY SAN ISIDRO Subdivision/Village Barangay ORMOC LEYTE City/Municipality Province 6541
7. HEIGHT (m)	1.47	18. PERMANENT ADDRESS	BLOCK 4 LOT 15 House/Block/Lot No. Street TENTCITY SAN ISIDRO Subdivision/Village Barangay ORMOC LEYTE City/Municipality Province 6541
8. WEIGHT (kg)	50.6		
9. BLOOD TYPE	AB+		
10. GSIS ID NO.	N/A		
11. PAG-IBIG ID NO.	121238627558	19. TELEPHONE NO.	N/A
12. PHILHEALTH NO.	132507204981	20. MOBILE NO.	09476075622
13. SSS NO.	34-8110828-5	21. E-MAIL ADDRESS (if any)	hexelsajoynunez@gmail.com
14. TIN NO.	742-258-931		
15. AGENCY EMPLOYEE NO.	N/A		

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)		
MIDDLE NAME	DADIOS			
25. MOTHER'S MAIDEN NAME				
SURNAME	CUESTA			
FIRST NAME	LILIBETH			
MIDDLE NAME	LUCHAVEZ			

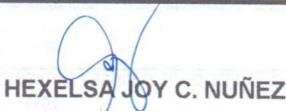

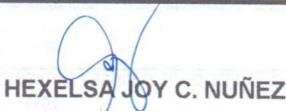

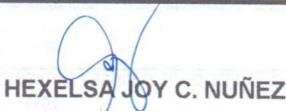

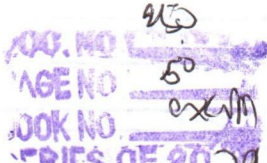
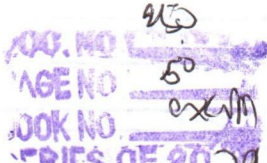
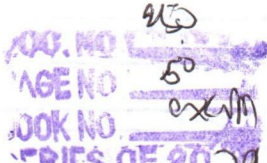
(Continue on separate sheet if necessary)

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	2000	2008	N/A	2008	VALEDICTOR IAN
SECONDARY	NEW ORMOC CITY NATIONAL HIGH SCHOOL	HIGH SCHOOL	2008	2012	N/A	2012	1ST HONORABLE MENTION
VOCATIONAL / TRADE COURSE	N/A	N/A	N/A	N/A	N/A	N/A	N/A
COLLEGE	VISAYAS STATE UNIVERSITY-MAIN CAMPUS	DOCTOR OF VETERINARY MEDICINE	2012	2018	N/A	2018	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	03/24/2021
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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 type="checkbox"/> YES <input checked="" type="checkbox"/> NO If YES, give details: _____												
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><thead><tr><th>NAME</th><th>ADDRESS</th><th>TEL. NO.</th></tr></thead><tbody><tr><td>DR. RIZI MARIE BEGUAS</td><td>DASMARIÑAS, CAVITE</td><td>09082362210</td></tr><tr><td>DR. 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></tbody></table>		NAME	ADDRESS	TEL. NO.	DR. RIZI MARIE BEGUAS	DASMARIÑAS, CAVITE	09082362210	DR. HANZ TIZON	SANTA ROSA, LAGUNA	09213137969	LYNARD IREMEDIO	MALABON CITY	09289058014
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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.													
<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><td rowspan="4"> HEXELSA JOY C. NUÑEZ Signature (Sign inside the box) Date Accomplished: _____</td><td rowspan="4"></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: 3/29/2018, TACLOBAN CITY</td></tr></table>		Government Issued ID (i.e. Passport, GSIS, SSS, PRC, Driver's License, etc.) PLEASE INDICATE ID Number and Date of Issuance	 HEXELSA JOY C. NUÑEZ Signature (Sign inside the box) Date Accomplished: _____		Government Issued ID: PRC ID	ID/License/Passport No.: 0009810	Date/Place of Issuance: 3/29/2018, TACLOBAN CITY						
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SUBSCRIBED AND SWORN to before me this 27 MAR 2021 , affiant exhibiting his/her valid government ID as indicated above.													
<table><tr><td> 100. NO AGE NO BOOK NO PRIS OF 00 21</td><td>ALAN R. C. BATAÁN - TOLIBAO NOTARY PUBLIC for City of Ormoc Municipalities of Kananga, Marikina, Marikina and Isabela, Leyte Notarial Commission No. ORM-16-12-013 Commission Under December 31, 2020 2nd Floor Brazil Bldg., Bonifacio St., Ormoc City Roll No. 58359 IBP No. 149564, Leyte Chapter 01/18/2021 PTR No. 6617543, Ormoc City 01/04/2021 FCLC Compliance No. 1607-0102 Until 04/14/2022 TIN: 4004771 CS FORM 212 (Revised 2017), Page 4 of 4</td></tr></table>		 100. NO AGE NO BOOK NO PRIS OF 00 21	ALAN R. C. BATAÁN - TOLIBAO NOTARY PUBLIC for City of Ormoc Municipalities of Kananga, Marikina, Marikina and Isabela, Leyte Notarial Commission No. ORM-16-12-013 Commission Under December 31, 2020 2nd Floor Brazil Bldg., Bonifacio St., Ormoc City Roll No. 58359 IBP No. 149564, Leyte Chapter 01/18/2021 PTR No. 6617543, Ormoc City 01/04/2021 FCLC Compliance No. 1607-0102 Until 04/14/2022 TIN: 4004771 CS FORM 212 (Revised 2017), Page 4 of 4										
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HEXELSA JOY C. NUÑEZ



HEXELSA JOY C. NUÑEZ

Signature (Sign inside the box)

Date Accomplished

SUBSCRIBED AND SWORN to before me this

27 MAR 2021

, affiant exhibiting his/her valid government ID as indicated above.

ALAN R. C. BATAÁN - TOLIBAO
NOTARY PUBLIC for City of Ormoc
Municipalities of Kananga, Marikina, Marikina and Isabela, Leyte
Notarial Commission No. **ORM-16-12-013**
Commission Under December 31, 2020
2nd Floor Brazil Bldg., Bonifacio St., Ormoc City
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Person Administering Oath

**AUTOMATIC EXTENSION OF VALIDITY
OF NOTARIAL COMMISSION**
Until June 30, 2021 per Bar Matter No. 3795
Dated Dec. 01, 2020 Issued By Supreme Court

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: _____