CS Form No. 212 Revised 2017	PERSON	NAL DAT	A SH	EET					
								E9 7	
concerned.	ation made in the Personal Data Sheet and the	3102.11				iminal case/s aga	unst the pers	on	
	TO FILLING OUT THE PERSONAL DATA SHE			DS FORM.	, CS ID No.		(Do not fill up. Fo	or CSC use only)	
PERSONAL INFORMATI	ON THE STATE OF TH								
2. SURNAME	NUÑEZ	4							
FIRST NAME	HEXELSA JOY							4	
MIDDLE NAME	CUESTA		,						
DATE OF BIRTH     (mm/dd/yyyy)	10/28/1995	16. CITIZENSHIP				Dual Citizenship			
4. PLACE OF BIRTH	ORMOC CITY	If holder of dual citizenship,		Pls. indicate country:					
5. SEX	☐ Male ☐ Female	please indicate the de	tais.		a many thousand	and the state of t			
6 CIVIL STATUS	✓Single Married  Widowed Separated  Other/s:	17. RESIDENTIAL ADDRESS	BLOCK 4 LOT 15  House/Block/Lot No. TENTCITY  Subdivision/Village  ORMOC  City/Municipality		Street SAN ISIDRO Barangay				
7. HEIGHT (m)	1.47				LEYTE				
8. WEIGHT (kg)	50.6	ZIP CODE				Province 6541			
9. BLOOD TYPE	AB+	18. PERMANENT ADDRESS	BLOCK 4 LOT 15						
10. GSIS ID NO.	N/A			e/Block/Lot No.  ENTCITY SA		AN ISIDRO			
11. PAG-IBIG ID NO.	121238627558			ormoc	Character of the Control of the Cont		Barangay LEYTE		
		710.0005	City/Municipality			Province			
12. PHILHEALTH NO.	132507204981	ZIP CODE		6541		AVA			
13. SSS NO.	34-8110828-5	19. TELEPHONE NO.			N/A				
14. TIN NO.	742-258-931	20. MOBILE NO.		09476075622					
15. AGENCY EMPLOYEE NO.	N/A	21. E-MAIL ADDRESS (if any)		hex	elsajoyn	unez@gmail.	com		
II. FAMILY BACKGROUN									
22. SPOUSE'S SURNAME	N/A	THE CATCHOLOGY (ID. OD)	23. NAME of CHIL	DREN (Write full name and list all)  DATE OF BIRT			TH (mm/dd/yyyy)		
FIRST NAME	N/A	NAME EXTENSION (JR., SR)		N/A			N/A ·		
MIDDLE NAME	N/A								
OCCUPATION	N/A		-	+		A*			
EMPLOYER/BUSINESS NAME	N/A				Selat 1				
BUSINESS ADDRESS	N/A							-	
TELEPHONE NO.		N/A							
24. FATHER'S SURNAME	NUÑEZ	NAME EXTENSION (JR., SR)	CDI						
FIRST NAME	GREGORIO	JR.				,			
MIDDLE NAME	DADIOS								
25. MOTHER'S MAIDEN NAME									
SURNAME		JESTA							
FIRST NAME		LILIBETH				parate sheet if neces			
MIDDLE NAME	LUCHAVEZ			ĮC.	onunue on se	parate sneet ii neces	sary)		
26. LEVEL	NAME OF SCHOOL (Write in full)	BASIC EDUCATION/DEGR (Write in full)	EE/COURSE	PERIOD OF I	ATTENDANCE To	HIGHEST LEVEL/ UNITS EARNED (if not graduated)	YEAR GRADUATED	SCHOLARSHIP/ ACADEMIC HONORS RECEIVED	
ELEMENTARY	ORMOC CITY SPECIAL EDUCATION (SPED) CENTER	PRIMARY EDUCA	ATION	2000	2008	N/A	2008	VALEDICTOR IAN	
SECONDARY	NEW ORMOC CITY NATIONAL HIGH SCHOOL	HIGH SCHOOL	DL	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 VETERINA	RY MEDICINE	2012	2018	N/A	2018	CUM LAUDI	
GRADUATE STUDIES	N/A	N/A		N/A	N/A	N/A	N/A	N/A	
•		(Continue on separate sheet if nee	cessary)						
SIGNATURE	a l		and white the party of	DA	NTE .		03/24/2021		

	ER SERVICE/ RA 108	30 (BOARD/ BAR) UNDER	RATING	DATE OF	DI AGE GE	IAN LOOPER	MENT	LICENSE (if ap	periodent construction and the construction of
SPECIAL LAWS/ CES/ CSEE BARANGAY ELIGIBILITY / DRIVER'S LICENSE			(If Applicable)	EXAMINATION / CONFERMENT	PLAGE OF EXAMINATION / CONFERMENT			NUMBER	Date of Validity
VETERINARY MEDICINE LICENSURE     EXAMINATION		79.24	AUGUST 15, 16 & 17, 2018	CE	BU	J	0009810	10/28/2021	
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WORK	EXPERIENCE			ontinue on separate sheet if		•		on Anna State Control	
INCL	uate employmen USIVE DATES nm/dd/yyyy)	t. Start from your recen	TLE	DEPARTMENT / AGEN	CY/OFFICE/COMPANY	MONTHLY	SALARY/ JOB/ PAY GRADE (if applicable)& STEP	STATUS OF APPOINTMENT	GOVT SERVICE
From	То	, (Write in full/Do not	abbreviate)		o not abbreviate)	SALARY	(Format "00-0")/ INCREMENT	PA I OHATMEN	(Y/N)
1/26/2018	10/15/2020	VETERINA	RIAN		NIC AND GROOMING NTER	P30, 000	N/A	CONTRACTUAL	NO
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80 <u> </u>									
			,	(Continue on separate shee	if necessary)				
	NATURE	and Cont		•	DATE		03	3/24/2021	

VOLUNTARY WORK OR INVOLVEMENT IN							
NAME & ADDRESS OF ORG (Write in full)	ANIZATION	INCLUSIVE DATES (mm/dd/yyyy)  From To		NUMBER OF HOURS	POSITION / NATURE OF WORK		
YOUTH FOR CHRIST, ORMOC CITY, LEYTE (CENTRAL SECTOR)		2011	2015	N/A	MEMBER/SPEAKER IN TALKS IN YOUTH CAMPS		
Self.1						<u></u>	
	22177			2085	erada (	In yang, hard the factor earlier is as	
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						,	
- 200	al (%) 23° 1				18 19		
LEARNING AND DEVELOPMENT (L&D) II		ntinue on separate s PROGRAMS AT		)		The transfer of the fact of	
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)	
87th ANNUAL CONVENTION AND SCIEN	ITIFIC CONFERENCE	92/19/2020	To 02/21/2020	24 HOURS	N/A	PHILIPPINE VETERINARY MEDICAL ASSOCIATIO	
1st INTERNATIONAL SYMPOSIUM ON IN	No. 2 May 2 STEPPEN	12/21/2020	12/22/2020	12 HOURS	N/A	CENTRAL LUZON STATE UNIVERSITY	
ON-THE-JOB-TRAINING/FIELD I		02/14/2018	03/15/2018	168 HOURS	N/A	REGIONAL ANIMAL DISEASE DIAGNOSTIC LABORATORY-REGION 3	
ON-THE-JOB -TRAINII	NG January	01/2018	02/2018	178 HOURS	N/A	PILMICO FARMS, CAPAS, TARLAC	
ON-THE-JOB TRAI	NING	03/19/2018	4/6/2018	168 HOURS	N/A	ADVENTURE PARK, AMLAN NEGRO	
ON-THE-JOB TRAINING			05/2018	168 HOURS	N/A	ANIMAL WELLNESS VETERINARY HOSPITAL, BANILAD, CEBU	
ON-THE-JOB-TRAINING/INT	ERNSHIP		2017	200 HOURS	N/A	UBAY STOCK FARM, UBAY, BOHOL	
ON-THE-JOB-TRAINING			2017	200 HOURS	N/A	CEBU SAFARI & ADVENTURE PARK, CARMEN, CEBU	
FIELD PRACTICUM	04/13/2016	05/19/2016	200 HOURS	N/A	PHILIPPINE CARABAO CENTER-CMU, MUSUAN BUKIDNON		
FIELD PRACTICUM		05/21/2016	06/11/2016	200 HOURS	N/A	JERASENES SWINE FARM, OPOL, MISAMIS ORIENTAL	
Эм 177	3.20		-			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
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A THE MEANA TON	(C	ontinue on separate	sheet if necessa	iry)			
VIII. OTHER INFORMATION	N	ON-ACADEMIC DIST	INCTIONS / REC	OGNITION		33. MEMBERSHIP IN ASSOCIATION/ORGANIZATIO	
31. SPECIAL SKILLS and HOBBIES  COMPUTER LITERATE (Microsoft Office, Photo	32.  DRESIDENT COLLEGE OF VE	(Wille III Idii)					
and Video Editing, etc.)		ASSOCIATION					
NEWSLETTER AND PUBLICATION WRITING	AUDITOR, UNIVER						
GREAT COMMUNICATION SKILLS		and the second s					
	- Tre	N 11900 - 2015 - 2015					
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		Continue on separat	te sheet if necess				
SIGNATURE	1			I I	DATE	03/24/2021 CS FORM 212 (Revised 2017), Page 3	

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34.	Are you related by consanguinity or affinity to the appointing						
	chief of bureau or office or to the person who has immediate	e supervision over you in the Office,					
	Bureau or Department where you will be apppointed,						
	a. within the third degree?	YES NO					
	b. within the fourth degree (for Local Government Unit - Car	YES NO					
		If YES, give details:					
			ii i zo, givo dodiio.				
	a Have you are been found with of any administrative off	famaco					
35.	a. Have you ever been found guilty of any administrative off	YES V NO					
	,		If YES, give details:	*			
			Name				
Name -	b. Have you been criminally charged before any court?		YES NO				
		en e	If YES, give details:				
			Date Filed:				
	politice me, appropriate transport of the control of the properties of the control of the contro	antiganing from the transport of the second	Status of Case/s:				
36.	Have you ever been convicted of any crime or violation of a	ny law, decree, ordinance or regulation	YES NO				
	by any court or tribunal?		If YES, give details:				
27	<ul> <li>Have you ever been separated from the service in any of th</li> </ul>	e following modes: recignation					
3/.	retirement, dropped from the rolls, dismissal, termination, et		☐ YES ☑ NO If YES, give details:				
	out (abolition) in the public or private sector?	nd of term, inforted contract of phased	If FES, give details.				
_	a. Have you ever been a candidate in a national or local ele	estion hold within the last year (except					
38.	.a. Have you ever been a candidate in a national or local ele Barangay election)?	ection held within the last year (except	☐ YES ✓ NO				
	barangay election) !		If YES, give details:				
	b. Have you resigned from the government service during the	he three (3)-month period before the last	YES NO				
	election to promote/actively campaign for a national or local	I candidate?	If YES, give details:				
30	Have you acquired the status of an immigrant or permanent	t resident of another country?					
55.	There you dodgined the states of all litting and of politicalism	crostastics and as obtained.	☐ YES ✓ NO				
	· Section and American Contraction		If YES, give details (country):				
-							
40.	Pursuant to: (a) Indigenous People's Act (RA'8371); (b) Ma		Disputition of Property				
	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?		YES NO				
			If YES, please specify:				
b.	Are you a person with disability?		YES NO				
			If YES, please specify ID No:				
G.	Are you a solo parent?		YES V NO				
			If YES, please specify ID No:				
41.	REFERENCES (Person not related by consanguinity or affinity to applican	nt /appointee)					
	• NAME	ADDRESS	TEL. NO.				
-		ADURESS	TEL. NO.				
	DR. RIZI MARIE BEGUAS	DASMARIÑAS, CAVITE	09082362210				
	DR. HANZ TIZON	SANTA ROSA, LAGUNA	09213137969	45			
	LYNARD IREMEDIO	MALABON CITY	09289058014	harmon 1			
42.	I declare under oath that I have personally accomplished	this Personal Data Sheet which is a tr	ue, correct and				
	complete statement pursuant to the provisions of pertine	ent laws, rules and regulations of the					
	Philippines. I authorize the agency head/authorized repr	resentative to verify/validate the contents	stated herein. HEXELSA	A JOY C. NUÑEZ			
ettorester	I agree that any misrepresentation made in this doc administrative/criminal case/s against me.	cument and its attachments shall caus	e the filing of	Photo			
	duministrative/chiminal casers against me.						
G	overnment Issued ID (i.e.Passport, GSIS, SSS, PRC, Driver's License, etc.)						
	LEASE INDICATE ID Number and Date of Issuance		O O				
	overnment Issued ID: PRC ID						
I	110 0000000	HEXELSA JOY C. N	JNEZ / /				
10	/License/Passport No.: 0009810	Signature (Sign inside the b	x) \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	MINIMA SE			
D	ate/Place of Issuance: 8/29/2018, TACLOBAN CITY	Data Assessment					
_		Date Accomplished	BATAN	Mark 1			
	SUBSCRIBED AND SWORN to before me this	MAR 2021 affiant exhibiting	MOTARY PINLIC for City while harvelid is said to the city is a second of the c	of Ormoc			
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	250	manufacture of the second	Notarial Commission No. ORI Commission Under December	N-10-12-013			
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-	oxym)		BP No. 149564, Levie Chapter	01/18/2021			
	TPIES OF 20 M	Person Administering Oat	FTR No. 661754 B. Ormono City (	01/04/2021			
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		· ·	US FOR	WELL (MEVISED ZUIT), Page 4 of 4			

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

## 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: