CS Form No. 212 Revised 2017	DEDGG								
WARNING: Any misrepresent		NAL DAT							
concerned.	ation made in the Personal Data Sheet and th	e Work Experience Sheet s	hall cause the	e filing of ac	lministrativ	e/criminal case/s	against the p	oerson	
Third regiony. Thek appropriate boxes	F TO FILLING OUT THE PERSONAL DATA SH s () and use separate sheet if necessary. Indicate	N/A if not applicable. DO NOT	<i>MPLISHING T</i> ABBREVIATE.	HE PDS FO	1. CS ID No	3.1	(Do not fill un	o. For CSC use on	
I. PERSONAL INFORMATIO	N						(20 Not lin up	. Tor coc use on	
2. SURNAME	BRAVO								
FIRST NAME	HAROLD JAMES					NAME EXTENSION (JR., SR)		
MIDDLE NAME	PAPA	,					-	***	
DATE OF BIRTH (mm/dd/yyyy)	8/30/1993	16. CITIZENSHIP	✓ Filipino [[Dual Citizenship		
4. PLACE OF BIRTH	SOGOD, SOUTHERN LEYTE	If holder of dual citize	enship,			by birth Pls. indicate		ralization	
5. SEX	✓ Male Female	please indicate the o	letails.						
6 CIVIL STATUS	✓ Single Married	17. RESIDENTIAL ADDRESS	T	109			THE STATE OF THE S		
	Widowed Separated		Ho	ouse/Block/Lot i	Vo.		Street		
	Other/s:		Si	ubdivision/Villa	70	Partinelisation of the inspectation of the state of the s	San Jose Barangay	MONTHUM Quantity and property constitutions and the second	
7. HEIGHT (m)	1.67 M			Sogod City/Municipality	one and the fourth formation and the first feature contraction of the feature contraction of the first feature contraction of the first feature contraction of the first feature contraction of the fi	And Andrew State Associations in Section 2014 and another section of the Section Section 2014 (Section Section	Southern Leyte Province		
8. WEIGHT (kg)	55 KG	ZIP CODE				6606	770711100		
9. BLOOD TYPE	В	18. PERMANENT ADDRESS		109					
10. GSIS ID NO.			Hot	use/Block/Lot f	VO.		Street San Jose		
11. PAG-IBIG ID NO.	121242669110		Sogod Su	ubdivision/Villag	16		Barangay Southern	l evte	
12 DUILLEALTHAN			Service and the service and th	City/Municipality			Province	newspapers and a consequence of the	
12. PHILHEALTH NO.	13-251619338-0	ZIP CODE		6606			West transfer of the second		
13. SSS NO.	07-3619562-9	19. TELEPHONE NO.							
14. TIN NO.	728-934-596	20. MOBILE NO.			0	960 419 5983			
15. AGENCY EMPLOYEE NO.		21. E-MAIL ADDRESS (if any)		haroldjamesbravo@gmai			il.com		
II. FAMILY BACKGROUND									
22. SPOUSE'S SURNAME	NA	-	23. NAME of CH	IILDREN (Writ		d list all)	DATE OF BIR	TH (mm/dd/yyyy)	
FIRST NAME	NA	NAME EXTENSION (JR., SR)			NA			Management of the process of the pro	
MIDDLE NAME	NA				NA				
OCCUPATION	NA								
EMPLOYER/BUSINESS NAME	NA NA								
BUSINESS ADDRESS	NA								
TELEPHONE NO.	NA								
24. FATHER'S SURNAME	BRAVO								
FIRST NAME	MARIANO	NAME EXTENSION (JR., SR)							
MIDDLE NAME	MALLILLIN								
25. MOTHER'S MAIDEN NAME									
SURNAME	BRAVO								
FIRST NAME	LOURDESITA								
MIDDLE NAME	PAPA			(Co	ontinue on se	parate sheet if neces	ssary)		
II. EDUCATIONAL BACKG	ROUND								
26. LEVEL	NAME OF SCHOOL	BASIC EDUCATION/DEGRE	E/COURSE	PERIOD OF A	ATTENDANCE	HIGHEST LEVEL/ UNITS EARNED	YEAR	SCHOLARSHIP/ ACADEMIC	
	(Write in full)	(Write in full)		From	То	(if not graduated)	GRADUATED	HONORS RECEIVED	
ELEMENTARY	SOGOD CENTRAL ELEMENTARY SCHOOL	ELEMENTARY		6/1/1999	3/30/2005		2005		
SECONDARY	SOGOD NATIONAL HIGH SCHOOL	HIGH SCHOOL		6/1/2005	3/30/2009		2009		
VOCATIONAL / TRADE COURSE									
COLLEGE	UNIVERSITY OF THE PHILIPPINES CEBU	BA IN MASS COMMUNI	CATION	6/1/2010	5/1/2020		2020		
GRADUATE STUDIES									
	10	ontinue on separate sheet if nece	ssary)						
SIGNATURE	HAROLD JAMES BRAVO			DATE 3- 25- 2025					

IV. CIVIL S	SERVICE ELIG	IBILITY						No.	de la constant
27. CAR	EER SERVICE/ RA	1080 (BOARD/ BAR) UNDER	RATING	DATE OF				LICENSE (if ap	pplicable)
Bi		WS/ CES/ CSEE ITY / DRIVER'S LICENSE	(If Applicable)	EXAMINATION / CONFERMENT	PLACE OF EXAMINA	TION / CONFER	RMENT	NUMBER	Date of Validity
CAF	REER SERVICE	PROFESSIONAL	95.0	3/3/2024	CEB	J CITY			
**************************************						**************************************			
							Process accommodal to an absolute	-	
			(Con	tinue on separate sheet	if necessary)				
	EXPERIENCE	nt. Start from your recen	(t work) Description	n of duties should h	no indicated in the attach	ad Wark Eva			
28. INCL	LUSIVE DATES						SALARY/ JOB/ PAY GRADE (if		GOVT
(r From	mm/dd/yyyy) To	POSITION T (Write in full/Do not			ENCY / OFFICE / COMPANY I/Do not abbreviate)	MONTHLY SALARY	applicable)& STEP (Format "00-0")/ INCREMENT	STATUS OF APPOINTMENT	SERVICE (Y/N)
7/1/2024	2/20/2025	MANAGE	ER	CONTINUUM G	GLOBAL SOLUTIONS	45000.00	INCREMENT	PERMANENT	N
3/1/2021	6/30/2024	SUPERVIS	SOR		GLOBAL SOLUTIONS	35000.00		PERMANENT	N
2/18/2019	2/28/2021	CUSTOMER CARE	ASSOCIATE	CONTINUUM G	GLOBAL SOLUTIONS	21000.00		PERMANENT	N
1/1/2017	1/31/2018	PROJECT OF	FICER	CEBUPLUS A	ASSOCIATION, INC.	20000.00		CONTRACTUA L	N
11/1/2016	3/31/2017	ADVOCACY & COM OFFICE		CEBUPLUS A	ASSOCIATION, INC.	20000.00		PERMANENT	N
6/1/2016	12/31/2016	EXECUTIVE AS		CEBUPLUS A	ASSOCIATION, INC.	17000.00		PERMANENT	N

					M 7				
		Ti Ti							
SIGN	IATURE	HAROI	LD JAMES BRAV	tinue on separate sheet O	if necessary) DATE	7	_1 t_nn	7	
J. U.		1174(0)	720 5.010		DAIL		- 25-201	FORM 212 (Revised 20	117), Page 2 of 4

VI. VOLUNTARY WORK OR INVOLVEMEN	T IN CIVIC / NON-GOVERNMEN	IT / PEOPLE /	VOLUNTARY	Y ORGANIZAT	TON/S	
29. NAME & ADDRESS OF C	DRGANIZATION	INCLUSI	IVE DATES			
(Write in ful	II)	From	dd/yyyy) To	NUMBER OF HOURS		POSITION / NATURE OF WORK
YOUTHLEAD ASIA PACIFIC - CEBU CITY, PHIL	IPPINES / BANGKOK, THAILAND	9/1/2016	12/31/2018	600.0	COUNTRY FOO	CAL POINT
			 			
VII. LEARNING AND DEVELOPMENT (L&D	(COI NITERVENTIONS/TRAINING	ntinue on separate	sheet if necessary	1)		
30. TITLE OF LEARNING AND DEVELOPMENT INTI	ERVENTIONS/TRAINING PROGRAMS	INCLUSIVE	DATES OF	NUMBER OF HOURS	Type of LD (Managerial/	CONDUCTED/ SPONSORED BY
(Write in ful	9	From	ld/yyyy) To		Supervisory/ Technical/etc)	(Write in full)
	3					
	TO CONTRACT TO THE STATE OF THE					
				6		
		_				
	(Cor	tinue on separate	sheet if necessary)		
VIII. OTHER INFORMATION						
31. SPECIAL SKILLS and HOBBIES	32. NON	I-ACADEMIC DISTII (Writ	NCTIONS / RECOG e in full)	GNITION		33. MEMBERSHIP IN ASSOCIATION/ORGANIZATION (Write in full)
					and the second s	
) -				
	(Co		sheet if necessary	T	ATE	
SIGNATURE	Harold James	Pravo)	D.	ATE	3-25-WUS CS FORM 212 (Revised 2017), Page 3 of

34. Are you related by consanguinity or affinity to the appoint chief of bureau or office or to the person who has immedi Bureau or Department where you will be apppointed,	ing or recommending authority, or to the ate supervision over you in the Office,		
a. within the third degree?			
b. within the fourth degree (for Local Government Unit - C	Name = Francisco 0	YES	✓ NO
or maint the load adjust for Ecoal Severiment only	areer Employees) ?	YES Sive det	☑ NO
		If YES, give deta	ails:
35. a. Have you ever been found guilty of any administrative of	offense?	YES	
		If YES, give deta	☑ NO ails:
		11 1 - 0, 9110 - 0	diis.
b. Have you been criminally charged before any court?		TT VES	[] <u>-</u>
,		If YES, give deta	☑ NO ails:
		Date Filed	
		Status of Case/s	
36. Have you ever been convicted of any crime or violation of by any court or tribunal?	YES	✓ NO	
by any court of anounces:	If YES, give deta		
 Have you ever been separated from the service in any of t retirement, dropped from the rolls, dismissal, termination, e 	he following modes: resignation,	✓ YES	□ NO
out (abolition) in the public or private sector?	If YES, give deta		
38. a. Have you ever been a candidate in a national or local el	ection held within the last vear (except		CAREER GROWTH
Barangay election)?	outon note main are the year (If YES, give deta	☑ NO ails:
b. Have you resigned from the government service during	the three (3)-month period before the last		✓ NO
election to promote/actively campaign for a national or loca	al candidate?	If YES, give deta	
39. Have you acquired the status of an immigrant or permaner	nt resident of another country?	☐ YES	
		If YES, give detail	✓ NO ils (country):
			10 (000)
40. Pursuant to: (a) Indigenous People's Act (RA 8371); (b) Ma	agna Carta for Disabled Persons (RA		0
 7277); and (c) Solo Parents Welfare Act of 2000 (RA 8972) a. Are you a member of any indigenous group?), please answer the following items:		
The you a member of any mulgenous group:		│	✓ NO
		lif VEC nlease speci	£
b. Are you a person with disability?		If YES, please speci	fy:
, as yet a person wan assisting:		If YES, please speci	fy:
, the year a person with disability :		If YES, please speci YES If YES, please specification YES	fy: V NO fy ID No: NO
, as yet a person wan assisting:		If YES, please speci	fy: V NO fy ID No: NO
c. Are you a solo parent?	nt /appointee)	If YES, please speci YES If YES, please speci YES If YES, please specil	fy: V NO fy ID No: NO
c. Are you a solo parent? 41. REFERENCES (Person not related by consanguinity or affinity to applican	nt /appointee) ADDRESS	If YES, please speci YES If YES, please speci YES If YES, please specil TEL. NO.	fy: V NO fy ID No: NO
c. Are you a solo parent? 41. REFERENCES (Person not related by consanguinity or affinity to applicar NAME KIETH MONTEROSO	ADDRESS RIZAL, SOGOD, SOUTHERN LEYTE	If YES, please speci YES If YES, please speci YES If YES, please speci TEL. NO.	fy: V NO fy ID No: NO
c. Are you a solo parent? 41. REFERENCES (Person not related by consanguinity or affinity to applicar NAME KIETH MONTEROSO RICHEL REYES	ADDRESS RIZAL, SOGOD, SOUTHERN LEYTE	If YES, please speci YES If YES, please speci YES If YES, please specil TEL. NO.	fy: V NO fy ID No: NO
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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: February 18, 2019 February 20, 2025
- Position: Manager (7 mo.), Supervisor (3 years, 3 mo.), Customer Care Associate (2 years)
- Name of Office/Unit: VZ Messaging
- Immediate Supervisor: Irene Supilanas, Senior Operations Manager
- Name of Agency/Organization and Location: Continuum Global Solutions
 - Summary of Actual Duties
 - brand awareness and engagement, client engagement, employee interaction and engagement, performance reporting, material development and rollout, training, strategic planning and actions execution, coaching, subject matter, expert, customer service
- Duration: June 2016 December 2018
- Position: Project Officer (1 year), Advocacy and Communication Officer (6 months), Executive Assistant (6 months)
- Name of Office/Unit: N/A
- Immediate Supervisor: Jerson See, Executive Director
- Name of Agency/Organization and Location: CebuPlus Association, Inc.
 - List of Accomplishments and Contributions (if any)
 - Key facilitation of World AIDS Day activities in Cebu
 - Appointed as the country focal point of the Philippines for YouthLEAD a Young-key population focused network in Asia-Pacific
 - Summary of Actual Duties
 - Key roles and responsibilities community engagement, content and communications management, program management, policy making, development work, capacity building, strategic planning and actions execution, program monitoring and reporting, service delivery network, liaison, training, material development and roll out.

Hard James Brayo (Signature over Printed Name of Employee/Applicant)

Date: 3-15-2015