

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                    | BRAVO   |   |  |
| FIRST NAME                    | HAROLD JAMES  | NAME EXTENSION (JR., SR)                                    |  |
| MIDDLE NAME                   | PAPA  |   |  |
| 3. DATE OF BIRTH (mm/dd/yyyy) | 8/30/1993   | 16. CITIZENSHIP   | <input checked="" type="checkbox"/> Filipino <input type="checkbox"/> Dual Citizenship<br><input type="checkbox"/> by birth <input type="checkbox"/> by naturalization<br>Pls. indicate country: |
| 4. PLACE OF BIRTH             | SOGOD, SOUTHERN LEYTE   | If holder of dual citizenship, please indicate the details. |  |
| 5. SEX                        | <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female  |   |  |
| 6. CIVIL STATUS               | <input checked="" type="checkbox"/> Single <input type="checkbox"/> Married<br><input type="checkbox"/> Widowed <input type="checkbox"/> Separated<br><input type="checkbox"/> Other/s: | 17. RESIDENTIAL ADDRESS                                     | 109<br>House/Block/Lot No. Street<br>San Jose<br>Subdivision/Village Barangay<br>Sogod Southern Leyte<br>City/Municipality Province  |
| 7. HEIGHT (m)                 | 1.67 M  | ZIP CODE  | 6606   |
| 8. WEIGHT (kg)                | 55 KG   |   |  |
| 9. BLOOD TYPE                 | B   | 18. PERMANENT ADDRESS                                       | 109<br>House/Block/Lot No. Street<br>San Jose<br>Subdivision/Village Barangay<br>Sogod Southern Leyte<br>City/Municipality Province  |
| 10. GSIS ID NO.               |   | ZIP CODE  | 6606   |
| 11. PAG-IBIG ID NO.           | 121242669110  |   |  |
| 12. PHILHEALTH NO.            | 13-251619338-0  |   |  |
| 13. SSS NO.                   | 07-3619562-9  | 19. TELEPHONE NO.   |  |
| 14. TIN NO.                   | 728-934-596   | 20. MOBILE NO.  | 0960 419 5983  |
| 15. AGENCY EMPLOYEE NO.       |   | 21. E-MAIL ADDRESS (if any)                                 | haroldjamesbravo@gmail.com   |

II. FAMILY BACKGROUND

|                          |            |                          |   |                            |
|--------------------------|------------|--------------------------|---|----------------------------|
| 22. SPOUSE'S SURNAME     | NA         |                          | 23. NAME OF CHILDREN (Write full name and list all) | DATE OF BIRTH (mm/dd/yyyy) |
| FIRST NAME               | NA         | NAME EXTENSION (JR., SR) | NA  |                            |
| MIDDLE NAME              | NA         |                          | NA  |                            |
| OCCUPATION               | NA         |                          |   |                            |
| EMPLOYER/BUSINESS NAME   | 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       |                          | (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                | 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 COMMUNICATION                      | 6/1/2010             | 5/1/2020  |  | 2020           |                                       |
| GRADUATE STUDIES          |                                    |   |                      |           |  |                |                                       |

|   |                    |
|---|--------------------|
| (Continue on separate sheet if necessary) |                    |
| SIGNATURE                                 | HAROLD JAMES BRAVO |
| DATE                                      | 3-25-2025          |



[illegible]

#### V. WORK EXPERIENCE

*(Include private employment. Start from your recent work) Description of duties should be indicated in the attached Work Experience sheet.*

[illegible]

|           |                    |      |           |
|-----------|--------------------|------|-----------|
| SIGNATURE | HAROLD JAMES BRAVO | DATE | 3-25-2014 |
|-----------|--------------------|------|-----------|



| VI. VOLUNTARY WORK OR INVOLVEMENT IN CIVIC / NON-GOVERNMENT / PEOPLE / VOLUNTARY ORGANIZATION/S |  |
|---|--|
| 1. Name of the organization   |  |
| 2. Address of the organization  |  |
| 3. Telephone number   |  |
| 4. E-mail address   |  |
| 5. Type of organization   |  |
| 6. Date of establishment  |  |
| 7. Number of members  |  |
| 8. Number of staff  |  |
| 9. Number of volunteers   |  |
| 10. Number of projects  |  |
| 11. Number of activities  |  |
| 12. Number of events  |  |
| 13. Number of publications  |  |
| 14. Number of awards  |  |
| 15. Number of grants  |  |
| 16. Number of donations   |  |
| 17. Number of partnerships  |  |
| 18. Number of collaborations  |  |
| 19. Number of networks  |  |
| 20. Number of alliances   |  |
| 21. Number of coalitions  |  |
| 22. Number of consortiums   |  |
| 23. Number of joint ventures  |  |
| 24. Number of partnerships  |  |
| 25. Number of collaborations  |  |
| 26. Number of networks  |  |
| 27. Number of alliances   |  |
| 28. Number of coalitions  |  |
| 29. Number of consortiums   |  |
| 30. Number of joint ventures  |  |

[illegible]

(Continue on separate sheet if necessary)

| VII. LEARNING AND DEVELOPMENT (L&D) INTERVENTIONS/TRAINING PROGRAMS ATTENDED |  |
|--|--|
| 1. Name of the Program   |  |
| 2. Description of the Program  |  |
| 3. Date Attended   |  |
| 4. Location  |  |
| 5. Duration  |  |
| 6. Facilitator   |  |
| 7. Participants  |  |
| 8. Objectives  |  |
| 9. Key Takeaways   |  |
| 10. Action Items   |  |
| 11. Feedback   |  |
| 12. Other Comments   |  |

[illegible]

(Continue on separate sheet if necessary)

|                         |  |
|-------------------------|--|
| VIII. OTHER INFORMATION |  |
|-------------------------|--|

[illegible]

(Continue on separate sheet if necessary)

|           |                    |      |           |
|-----------|--------------------|------|-----------|
| SIGNATURE | Harold James Bravo | DATE | 3-25-2015 |
|-----------|--------------------|------|-----------|



41. REFERENCES (Person not related by consanguinity or affinity to applicant /appointee)

| NAME            | ADDRESS                       | TEL. NO.     |
|-----------------|-------------------------------|--------------|
| KIETH MONTEROSO | RIZAL, SOGOD, SOUTHERN LEYTE  | 09930145894  |
| RICHEL REYES    | CEBU CITY                     | 0906 2495881 |
| CHARLIE CABALES | PANDAN, SOGOD, SOUTHERN LEYTE | 0963 2677657 |

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.

PHOTORight Thumbmark

Signature (Sign inside the box)

3-25-2025

Date Accomplished

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: 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

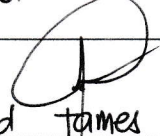
- Duration: June 2016 – December 2018
- Position: Project Officer (1 year), Advocacy and Communication Officer (6 months), Executive Assistant (6 months)
- Name of Office/Unit: N/A
- Immediate Supervisor: Jerson See, Executive Director
- Name of Agency/Organization and Location: CebuPlus Association, 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.

  
Harold James Bravo  
 (Signature over Printed Name  
 of Employee/Applicant)

Date: 3-15-2015