



REPUBLIC OF THE PHILIPPINES
DEPARTMENT OF LABOR AND EMPLOYMENT
Regional Office No. IV-A (CALABARZON)
PUBLIC EMPLOYMENT SERVICE OFFICE
PROVINCE OF LAGUNA
SPECIAL PROGRAM FOR EMPLOYMENT OF STUDENTS
(RA 7323, as amended by RAs 9547 and 10917)



APPLICATION FORM

By accomplishing this form, you signify your acceptance to provide pertinent and personal information about you. In compliance with Republic Act 10173 otherwise known as the Data Privacy Act of 2013, all information that will be collected through this form will be used for the sole purpose of fulfilling the functions of this Office.

SURNAME Lucifer			FIRSTNAME Morning			MIDDLE NAME Star			GSIS BENEFICIARY/RELATIONSHIP			Passport Size: picture
DATE OF BIRTH:(MM/DD/YYYY) Nov - 10 - 1998			PLACE OF BIRTH: Pagsawitan, Sta. Cruz, Laguna			CITIZENSHIP Filipino						
CONTACT DETAILS/CELPHONE NO.: 09123456789			EMAIL ADDRESS: master.web1207@gmail.com									
SOCIAL MEDIA ACCOUNT (FACEBOOK, TWITTER, INSTAGRAM, ETC.)												
STATUS Single Married Widow/er Separated			SEX Male Female			Student ALS student out-of-school(OSY)						
CURRENT STATUS OF THE BENEFICIARY/PARENTS: Living together Solo Parent Separated Senior Citizen Sugar Plantation Worker Indigenous People Displaced Worker Local OFW												
PRESENT ADDRESS: 65 Dao St Cabanbanan, Pagsanjan, Laguna,4008												
PERMANENT ADDRESS: 65 Dao St Cabanbanan, Pagsanjan, Laguna,4008												
FATHER'S NAME/CONTACT NO.: Father Father - 0922223421123						MOTHER'S NAME/CONTACT NO.: Mother Mother - 09222334						
OCCUPATION fgfgfg						OCCUPATION						
EDUCATION		NAME OF SCHOOL				DEGREE EARNED/COURSE		YEAR/LEVEL		DATE OF ATTENDANCE		
DOCUMENTARY REQUIREMENTS: (Original and other documents, when applicable, should be presented for validation) [] 1) Photocopy of Birth Certificate or any document indicating date of birth or age (age must be 15-30) [] 2) Photocopy of the latest Income Tax Return (ITR) of parents/legal guardian OR certification issued by BIR that the Parents/guardians are exempted from payment of tax OR original Certificate of Indigence OR original Certificate of Low Income issued by the Barangay or DSWD/CSWD where the applicant resides; and [] 3) For students, any of the following, in addition to requirements no. 1 and 2: [] a) Photocopy of proof of average passing grade such as (1) class card or (2) Form 138 of the previous semester or year immediately preceding the application; OR [] b) Original copy of Certification by the School Registrar as to passing grade immediately preceding semester/year if grades are not yet available [] 4) For Out of School Youth (OSY), original copy of Certification as OSY issued by DSWD/CSWD or the authorized Barangay Official where the OSY resides, in addition to requirements no. 1 and 2.												
SPECIAL SKILLS:												
HISTORY of SPES Availment/ Name of Establishment								YEAR		SPES ID NO. (if applicable)		
Other related information/ requests/ interventions from DOLE:												
I hereby attest that the information above is true and correct to the best of my knowledge, including the attached documents / requirements which I also attest as to their veracity. I agree that any false statement would cause the automatic disqualification/ cancellation of the service/ contract/ grant and I shall refund amount received and/or pay damages to DOLE or comply with other sanctions in accordance with law. Any material change in my financial status may affect my eligibility to continue the program.												
Signature of Applicant												