

NSRP Form 1 January 2017		Republic of the Philippines Department of Labor and Employment PESO EMPLOYMENT INFORMATION SYSTEM REGISTRATION FORM					
INSTRUCTIONS: Please fill out the form legibly in block letters (capital letters). Check appropriate boxes. Please do not leave any items unanswered. Indicate "NA" if not applicable. Submit accomplished form to the Public Employment Service System using your personal account under "My Accounts".							
I. PERSONAL INFORMATION							
SURNAME		FIRST NAME		MIDDLE NAME		SUFFIX (Ex: Sr., Jr., III., etc.)	
DATE OF BIRTH (mm/dd/yyyy)				PLACE OF BIRTH			
SEX		<input type="checkbox"/> Male <input type="checkbox"/> Female		PRESENT ADDRESS			
RELIGION				House No. / Street / Village			
CIVIL STATUS		<input type="checkbox"/> Single <input type="checkbox"/> Separated <input type="checkbox"/> Married <input type="checkbox"/> Live-in <input type="checkbox"/> Widowed		Barangay			
				Municipality/City			
				Province			
TIN				HEIGHT			
GSIS/SSS ID NO.				EMAIL ADDRESS			
PAG-IBIG				LANDLINE NUMBER			
PHILHEALTH NO.				CELLPHONE NUMBER			
DISABILITY		<input type="checkbox"/> Visual <input type="checkbox"/> Speech <input type="checkbox"/> Others, specify: _____ <input type="checkbox"/> Hearing <input type="checkbox"/> Physical					
EMPLOYMENT STATUS / TYPE		<input type="checkbox"/> Employed		<input type="checkbox"/> Unemployed			
		<input type="checkbox"/> Wage Employed		<input type="checkbox"/> New Entrant/Fresh Graduate <input type="checkbox"/> Terminated/Laidoff(local)			
		<input type="checkbox"/> Self Employed		<input type="checkbox"/> Finished Contract <input type="checkbox"/> Terminated/Laidoff(abroad) specific country: _____			
				<input type="checkbox"/> Resigned <input type="checkbox"/> Others, specify: _____ <input type="checkbox"/> Retired			
Are you actively looking for work? <input type="checkbox"/> Yes <input type="checkbox"/> No How long have you been looking for work? _____							
Willing to work immediately? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, when? _____							
Are you a 4Ps beneficiary? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, Household ID No. _____							
II. JOB PREFERENCE							
PREFERRED OCCUPATION		PREFERRED WORK LOCATION					
1.		<input type="checkbox"/> Local,specify cities/municipalities:			<input type="checkbox"/> Overseas,specify countries:		
2.		1.		1.			
3.		2.		2.			
4.		3.		3.			
Expected Salary (Range)				Passport No.			
						Expiry date	
III. LANGUAGE / DIALECT PROFICIENCY							
(Check if applicable)	READ		WRITE		SPEAK		UNDERSTAND
English	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>
Filipino	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>
Others: _____	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>

IV. EDUCATIONAL BACKGROUND						
	School	Course	Year graduated	If undergraduate,		Awards received
				What level?	Year last attended	
Elementary						
Secondary						
Tertiary						
Graduate Studies						

V. TECHNICAL/VOCATIONAL AND OTHER TRAINING (Include courses taken as part of college education)				
TRAINING/VOCATIONAL COURSE		DURATION <small>(mm/dd/yyyy to mm/dd/yyyy)</small>	TRAINING INSTITUTION	CERTIFICATES RECEIVED <small>(NC I, NC II, NC III, NC IV, etc.)</small>
1.				
2.				
3.				

VI. ELIGIBILITY/PROFESSIONAL LICENSE					
ELIGIBILITY (Civil Service)		Rating	Date of Examination	PROFESSIONAL LICENSE (PRC)	Valid Until
1.				1.	
2.				2.	

VII. WORK EXPERIENCE (Limit to 10-year period, start with the most recent employment)				
Company Name	Address <small>(City/Municipality)</small>	Position	Inclusive Dates	Status

VIII. OTHER SKILLS REQUIRED WITHOUT FORMAL TRAINING		
<input type="checkbox"/> AUTO MECHANIC	<input type="checkbox"/> ELECTRICIAN	<input type="checkbox"/> PHOTOGRAPHY
<input type="checkbox"/> BEAUTICIAN	<input type="checkbox"/> EMBROIDERY	<input type="checkbox"/> PLUMBING
<input type="checkbox"/> CARPENTRY WORK	<input type="checkbox"/> GARDENING	<input type="checkbox"/> SEWING DRESSES
<input type="checkbox"/> COMPUTER LITERATE	<input type="checkbox"/> MASONRY	<input type="checkbox"/> STENOGRAPHY
<input type="checkbox"/> DOMESTIC CHORES	<input type="checkbox"/> PAINTER/ARTIST	<input type="checkbox"/> TAILORING
<input type="checkbox"/> DRIVER	<input type="checkbox"/> PAINTING JOBS	<input type="checkbox"/> OTHERS: _____

CERTIFICATION/AUTHORIZATION

This is to certify that all data/information that I have provided in this form are true to the best of my knowledge. This is also to authorized the DOLE to include my profile in the PESO Employment Information System, which is the subsystem of the PhilJobNet. It is understood that my name shall be made available to employers who have access to the Registry. I am also aware that DOLE is not obliged to seek employment on my behalf.

☐ By clicking this check box means that you, the applicant agreed with the certification/authorization.
Please insert today's date here (mm/dd/yyyy): _____

FOR USE OF PESO ONLY. PLEASE DO NOT WRITE BELOW THIS DOTTED LINE.	
Eligible for public employment services? <input type="checkbox"/> SPES <input type="checkbox"/> GIP <input type="checkbox"/> TUPAD <input type="checkbox"/> JobStart <input type="checkbox"/> Others, specify: _____	Assessed by: Name of Assessor: _____ Date (mm/dd/yyyy): _____