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| **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** | | | | | | | | Male  Female | | | | | **PRESENT ADDRESS** | | | | | | | | | | |
| **RELIGION** | | | | | | | |  | | | | | House No. / Street / Village | | | | |  | | | | | |
| **CIVIL** | | Single  Separated | | | | | | | | | | | Barangay | | | | |  | | | | | |
| **STATUS** | | Married  Live-in | | | | | | | | | | | Municipality/City | | | | |  | | | | | |
|  | | Widowed | | | | | | | | | | | Province | | | | |  | | | | | |
| **TIN** | | | | |  | | | | | | | | **HEIGHT** | | | | | | | |  | | |
| **GSIS/SSS ID NO.** | | | | |  | | | | | | | | **EMAIL ADDRESS** | | | | | | | |  | | |
| **PAG-IBIG** | | | | |  | | | | | | | | **LANDLINE NUMBER** | | | | | | | |  | | |
| **PHILHEALTH NO.** | | | | |  | | | | | | | | **CELLPHONE NUMBER** | | | | | | | |  | | |
| **DISABILITY** | | | | | Visual  Speech  Others, specify: | | | | | | | | | | | | | | | | | | |
|  | | | | | Hearing  Physical | | | | | | | | | | | | | | | | | | |
| **EMPLOYMENT**  **STATUS / TYPE** | | | | Employed | | | | | | Unemployed | | | | | | | | | | | | | |
| Wage Employed  Self Employed | | | | | | New Entrant/Fresh Graduate  Terminated/Laidoff(local)  Finished Contract  Terminated/Laidoff(abroad)  specific country:  Resigned  Others, specify:  Retired | | | | | | | | | | | | | |
| Are you actively looking for work?  Yes  No How long have you been looking for work? | | | | | | | | | | | | | | | | | | | | | | | |
| Willing to work immediately?  Yes  No If no, when? | | | | | | | | | | | | | | | | | | | | | | | |
| Are you a 4Ps beneficiary?  Yes  No If yes, Household ID No. | | | | | | | | | | | | | | | | | | | | | | | |
| **II. JOB PREFERENCE** | | | | | | | | | | | | | | | | | | | | | | | |
| **PREFERRED OCCUPATION** | | | | | | | | **PREFERRED WORK LOCATION** | | | | | | | | | | | | | | | |
| 1. |  | | | | | | | Local,specify cities/municipalities: | | | | | | | 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 | | | | | |  | | | | |  | | | | |  | | | | | |  | |
| Filipino | | | | | |  | | | | |  | | | | |  | | | | | |  | |
| Others: | | | | | |  | | | | |  | | | | |  | | | | | |  | |

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| **IV. EDUCATIONAL BACKGROUND** | | | | | | | | | | | | | | | | | | | | | | |
|  | | **School** | | | | | | | **Course** | | | | | | **Year graduated** | | **If undergraduate,** | | | | | **Awards received** |
| What level? | | | | Year last attended |
| Elementary | |  | | | | | | |  | | | | | |  | |  | | | |  |  |
| Secondary | |  | | | | | | |  | | | | | |  | |  | | | |  |  |
| Tertiary | |  | | | | | | |  | | | | | |  | |  | | | |  |  |
| Graduate  Sudies | |  | | | | | | |  | | | | | |  | |  | | | |  |  |
| **V. TECHNICAL/VOCATIONAL AND OTHER TRAINING** **(**Include courses takens as part of college education**)** | | | | | | | | | | | | | | | | | | | | | | |
| **TRAINING/VOCATIONAL COURSE** | | | | | | | | **DURATION**  (mm/dd/yyyy to mm/dd/yyyy) | | | | **TRAINNG INSTITUTION** | | | | | | **CERTIFICATES RECEIVED**  (NC I, NC II, NC III, NC IV, etc.) | | | | |
| 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**  (City/Municipality) | | | | **Position** | | | | | | | **Inclusive Dates** | | | | | **Status** | | | |
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| VIII. **OTHER SKILLS REQUIRED WITHOUT FORMAL TRAINING** | | | | | | | | | | | | | | | | | | | | | | |
| AUTO MECHANIC | | | | | | ELECTRICIAN | | | | | | | | | | PHOTOGRAPHY | | | | | | |
| BEAUTICIAN | | | | | | EMBROIDERY | | | | | | | | | | PLUMBING | | | | | | |
| CARPENTRY WORK | | | | | | GARDENING | | | | | | | | | | SEWING DRESSES | | | | | | |
| COMPUTER LITERATE | | | | | | MASONRY | | | | | | | | | | STENOGRAPHY | | | | | | |
| DOMESTIC CHORES | | | | | | PAINTER/ARTIST | | | | | | | | | | TAILORING | | | | | | |
| DRIVER | | | | | | PAINTING JOBS | | | | | | | | | | 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 indude 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?**  SPES  GIP  TUPAD  JobStart  Others, specify: | | | | | | | | | | **Assessed by:**  **Name of Assessor:**  **Date (**mm/dd/yyyy**):** | | | | | | | | | | | | |