

NSRP Form 1 September 2020		Republic of the Philippines Department of Labor and Employment NATIONAL SKILLS REGISTRATION PROGRAM JOBSEEKER REGISTRATION FORM			
INSTRUCTIONS: Please fill out the form legibly in block letters using a ballpoint pen. Check appropriate boxes. Please do not leave any items unanswered. Indicate "NA" if not applicable. You may use extra sheet if needed. Submit accomplished form to the Public Employment Service Office (PESO) Manager or Officer in your city/municipality.					
I. PERSONAL INFORMATION					
SURNAME		FIRST NAME		MIDDLE NAME	
DATE OF BIRTH (mm/dd/yyyy)		SUFFIX (Ex: Sr., Jr., III, etc.)			
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"/> Married <input type="checkbox"/> Widowed		Barangay			
		Municipality/City			
		Province			
TIN				HEIGHT (FT.)	
DISABILITY <input type="checkbox"/> Visual <input type="checkbox"/> Speech <input type="checkbox"/> Mental <input type="checkbox"/> Hearing <input type="checkbox"/> Physical <input type="checkbox"/> Others Please specify: _____				CONTACT NUMBER/S	
				E-MAIL	
EMPLOYMENT STATUS / TYPE					
<input type="checkbox"/> Employed <input type="checkbox"/> Wage employed <input type="checkbox"/> Self-employed (Please specify) <input type="checkbox"/> Fisherman/Fisherfolk <input type="checkbox"/> Vendor/Retailer <input type="checkbox"/> Home-based worker <input type="checkbox"/> Transport <input type="checkbox"/> Domestic Worker <input type="checkbox"/> Freelancer <input type="checkbox"/> Artisan/Craft Worker <input type="checkbox"/> Others (Please specify): _____			<input type="checkbox"/> Unemployed How long have you been looking for work? (months) _____ <input type="checkbox"/> New Entrant/Fresh Graduate <input type="checkbox"/> Terminated/Laid off (local) <input type="checkbox"/> Finished Contract <input type="checkbox"/> Terminated/Laid off (abroad) specify country: _____ <input type="checkbox"/> Resigned <input type="checkbox"/> Others, please specify: _____ <input type="checkbox"/> Retired <input type="checkbox"/> Terminated/Laid off due to calamity		
Are you an OFW? <input type="checkbox"/> Yes <input type="checkbox"/> No Specify country _____			Are you a former OFW? <input type="checkbox"/> Yes <input type="checkbox"/> No Latest country of deployment _____ Month and year of return to Philippines _____		
Are you a 4Ps beneficiary? <input type="checkbox"/> Yes <input type="checkbox"/> No			If yes, please provide Household ID No. _____		
II. JOB PREFERENCE					
PREFERRED OCCUPATION		PREFERRED WORK LOCATION			
<input type="checkbox"/> Part-time <input type="checkbox"/> Full-time		<input type="checkbox"/> Local (specify cities/municipalities):		<input type="checkbox"/> Overseas, (specify countries):	
1.		1.		1.	
2.		2.		2.	
3.		3.		3.	
III. LANGUAGE / DIALECT PROFICIENCY (check if applicable)					
LANGUAGE/DIALECT	READ	WRITE	SPEAK	UNDERSTAND	
English					
Filipino					
Mandarin					
Others: _____					

IV. EDUCATIONAL BACKGROUND										
Currently in school? <input type="checkbox"/> Yes <input type="checkbox"/> No										
LEVEL		COURSE		YEAR GRADUATED	IF UNDERGRADUATE					
					LEVEL REACHED		YEAR LAST ATTENDED			
Elementary										
<input type="checkbox"/> Secondary (Non-K12)		<input type="checkbox"/> Secondary (K-12)		Senior High Strand:						
Tertiary										
Graduate Studies/ Post-graduate										
V. TECHNICAL/VOCATIONAL AND OTHER TRAINING (Include courses taken as part of college education)										
TRAINING/VOCATIONAL COURSE			HOURS OF TRAINING	TRAINING INSTITUTION		SKILLS ACQUIRED		CERTIFICATES RECEIVED <small>(NC I, NC II, NC III, NC IV, etc.)</small>		
1.										
2.										
3.										
VI. ELIGIBILITY/ PROFESSIONAL LICENSE										
ELIGIBILITY (Civil Service)			DATE TAKEN	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		NUMBER OF MONTHS		STATUS <small>(Permanent, Contractual, Part-time, Probationary)</small>		
VIII. OTHER SKILLS ACQUIRED WITHOUT CERTIFICATE										
<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 authorize DOLE to include my profile in the PESO Employment Information System and use my personal information for employment facilitation. I am also aware that DOLE is not obliged to seek employment on my behalf.										
_____ Signature of Applicant					_____ Date					
FOR USE OF PESO ONLY. PLEASE DO NOT WRITE BELOW THIS DOTTED LINE.										
Referred to:					Assessed by:					
<input type="checkbox"/> SPES <input type="checkbox"/> DILEEP										
<input type="checkbox"/> GIP <input type="checkbox"/> TESDA Training										
<input type="checkbox"/> TUPAD										
<input type="checkbox"/> JobStart										
<input type="checkbox"/> Others, specify: _____					_____ Signature over Printed Name of Assessor					
					_____ Date					