



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)



SPES Form 2

Control No.: _____

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		FIRST NAME		MIDDLE NAME		GSIS BENEFICIARY/RELATIONSHIP		Passport Size Picture (3.5cm x 4.5 cm)
DATE OF BIRTH:(mm/dd/yyyy)			PLACE OF BIRTH:		CITIZENSHIP:			
CONTACT DETAILS/CELPHONE NO.:			EMAIL ADDRESS:					
SOCIAL MEDIA ACCOUNT (FACEBOOK, TWITTER, INSTAGRAM, ETC.)								
STATUS <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Widow/er <input type="checkbox"/> Separated				SEX <input type="checkbox"/> Male <input type="checkbox"/> Female		<input type="checkbox"/> Student <input type="checkbox"/> ALS student <input type="checkbox"/> out-of-school (OSY)		
CURRENT STATUS OF THE BENEFICIARY/PARENTS: <input type="checkbox"/> Living together <input type="checkbox"/> Solo Parent <input type="checkbox"/> Separated <input type="checkbox"/> Senior Citizen <input type="checkbox"/> Sugar Plantation Worker <input type="checkbox"/> Indigenous People <input type="checkbox"/> Displaced Worker (1) <input type="checkbox"/> Local (2) <input type="checkbox"/> OFW <input type="checkbox"/> Rebel Returnee <input type="checkbox"/> Victims of Armed Conflicts <input type="checkbox"/> Person with Disability								
PRESENT ADDRESS:								
PERMANENT ADDRESS:								
FATHER'S NAME /CONTACT NO.:					MOTHER'S MAIDEN NAME/CONTACT NO.:			
OCCUPATION:					OCCUPATION:			
EDUCATION	NAME OF SCHOOL				DEGREE EARNED/COURSE	YEAR/LEVEL	DATE OF ATTENDANCE	
Elementary								
Secondary								
Tertiary								
Tech-Voc								
DOCUMENTARY REQUIREMENTS: (Original and other documents, when applicable, should be presented for validation) <input type="checkbox"/> 1) Photocopy of Birth Certificate or any document indicating date of birth or age (age must be 15-30) <input type="checkbox"/> 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 <input type="checkbox"/> 3) For students , any of the following, in addition to requirements no. 1 and 2: <input type="checkbox"/> 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 <input type="checkbox"/> b) Original copy of Certification by the School Registrar as to passing grade immediately preceding semester/year if grades are not yet available <input type="checkbox"/> 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)		
<input type="checkbox"/> 1 st Availment								
<input type="checkbox"/> 2 nd Availment								
<input type="checkbox"/> 3 rd Availment								
<input type="checkbox"/> 4 th Availment								
Other related information/ requests/ interventions from DOLE:								
<p>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.</p> <p>_____ Signature of Applicant</p>								