

NSRP Form 1 October 2014	Republic of the Philippines Department of Labor and Employment NATIONAL SKILLS REGISTRATION PROGRAM REGISTRATION FORM				1 x 1 ID Photo (optional)
INSTRUCTIONS: Please fill out the form legibly with ballpen. Print in block letters. Check appropriate boxes. Please do not leave any items unanswered. Indicate "NA" if not applicable. You may use extra sheets if needed. Submit accomplished form to the Public Employment Service Office Manager or Officer in your city/municipality.					Form Control No.:
*optional					
I. PERSONAL INFORMATION					
SURNAME		FIRST NAME		MIDDLE NAME	
DATE OF BIRTH (mm/dd/yyyy)			AGE		
SEX	<input type="checkbox"/> Male <input type="checkbox"/> Female		PRESENT ADDRESS		
PLACE OF BIRTH			House No./Street/Village		
CIVIL STATUS	<input type="checkbox"/> Single <input type="checkbox"/> Married		Barangay		
	<input type="checkbox"/> Widowed <input type="checkbox"/> Seperated		Municipality/City		
	<input type="checkbox"/> Others, specify: _____		Province		
CITIZENSHIP			PERMANENT ADDRESS		
HEIGHT		WEIGHT		House No./Street/Village	
RELIGION*			Barangay		
TIN*			Municipality/City		
GSIS/SSS ID NO.*			Province		
PAG-IBIG NO.*			LANDLINE NUMBER		
PHILHEALTH NO.*			CELLPHONE NUMBER		
EMAIL ADDRESS					
DISABILITY	<input type="checkbox"/> Visual <input type="checkbox"/> Speech <input type="checkbox"/> Others, specify: _____ <input type="checkbox"/> Hearing <input type="checkbox"/> Physical _____				
EMPLOYMENT STATUS	<input type="checkbox"/> Employed <input type="checkbox"/> Wage Employed <input type="checkbox"/> Self Employed		<input type="checkbox"/> Unemployed <input type="checkbox"/> New Entrant/Fresh Graduate <input type="checkbox"/> Retired <input type="checkbox"/> Finished Contract <input type="checkbox"/> Terminated/Laid off (local) <input type="checkbox"/> Resigned <input type="checkbox"/> Terminated/Laid off (abroad) <input type="checkbox"/> Others, specify: _____ Specify country: _____		
	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? _____					
II. JOB PREFERENCES					
PREFERRED OCCUPATION AND INDUSTRY	OCCUPATION			INDUSTRY	
	1. _____				
	2. _____				
	3. _____				
PREFERRED WORK LOCATION	<input type="checkbox"/> Local, specify cities/municipalities:		<input type="checkbox"/> Overseas, specify countries:		With passport?
	1. _____		1. _____		<input type="checkbox"/> Yes <input type="checkbox"/> No
	2. _____		2. _____		Expiry date (mm/dd/yyyy)
	3. _____		3. _____		
III. LANGUAGE PROFICIENCY					
LANGUAGE (Yes/No)	READ	WRITE	SPEAK	UNDERSTAND	
English					
Filipino					
Others: _____					

IV. EDUCATIONAL BACKGROUND				
Currently in school? <input type="checkbox"/> Yes <input type="checkbox"/> No				
HIGHEST EDUCATIONAL LEVEL	<input type="checkbox"/> No formal education <input type="checkbox"/> Incomplete high school level <input type="checkbox"/> College graduate			
	<input type="checkbox"/> Incomplete elementary level <input type="checkbox"/> High school graduate <input type="checkbox"/> Technical-vocational graduate			
	<input type="checkbox"/> Elementary graduate <input type="checkbox"/> Incomplete college level <input type="checkbox"/> Post graduate			
YEAR GRADUATED/LAST ATTENDED (yyyy)				
SCHOOL/UNIVERSITY				
COURSE/PROGRAM				
AWARDS/HONORS RECEIVED				
V. TECHNICAL/VOCATIONAL AND OTHER TRAINING (Include courses taken as part of college education)				
Currently in training? <input type="checkbox"/> Yes <input type="checkbox"/> No				
TRAINING	DURATION OF COURSE (mm/dd/yyyy to mm/dd/yyyy)	TRAINING INSTITUTION	CERTIFICATES RECEIVED	COMPLETED
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
VI. ELIGIBILITY/LICENSE				
CAREER SERVICE/BOARD/BAR	LICENSE NUMBER		EXPIRY DATE	
VII. WORK EXPERIENCE (Limit to 10 years experience, start with the most recent employment)				
NAME OF OFFICE/COMPANY	ADDRESS	POSITION HELD	INCLUSIVE DATES (mm/yyyy to mm/yyyy)	STATUS OF APPOINTMENT*
<i>*Status of appointment can be either of the ff.: Permanent, Contractual, Part-time, Probationary, etc.</i>				
VIII. OTHER SKILLS ACQUIRED WITHOUT FORMAL TRAINING				
<div>CERTIFICATION/AUTHORIZATION</div> <p>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 the DOLE to include my profile in the Skills Registry System, which is maintained in the Enhanced Phil-JobNet. It is understood that my name shall be made available to employers who may have access to the Registry. I am also aware that DOLE is not obliged to seek employment on my behalf.</p> <div><div>Signature of Applicant</div><div>Date</div></div>				
FOR USE OF PESO ONLY. PLEASE DO NOT WRITE BELOW THIS DOTTED LINE.				
Eligible for public employment services?		Assesed by:		
<input type="checkbox"/> SPES				
<input type="checkbox"/> GIP				
<input type="checkbox"/> TUPAD				
<input type="checkbox"/> JobStart				
<input type="checkbox"/> Others, specify: _____				
		Signature Over Printed Name of Assessor		Date