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REPUBLIC OF THE PHILIPPINES

**DEPARTMENT OF LABOR AND EMPLOYMENT**

Regional Office No. IV-A (CALABARZON)

**PUBLIC EMPLOYMENT SERVICE OFFICE**

**Municipality of Paete, Laguna**

City/Municipality/Province

**SPECIAL PROGRAM FOR EMPLOYMENT OF STUDENTS**

(RA 7323, as amended by RAs 9547 and 10917)

**APPLICATION FORM**

**SPES Form 2**

**Control No.: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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**  ❑ Single ❑ Married ❑ Widow/er ❑ Separated | | | | **SEX**  ❑ Male ❑ Female | | | ❑Student ❑ ALS student  ❑ out-of-school (OSY) | | | | |
| **CURRENT STATUS OF THE BENEFICIARY/PARENTS:** ❑ **Living together** ❑ **Solo Parent** ❑ **Separated** ❑ **Senior Citizen**  ❑ **Sugar Plantation Worker** ❑ **Indigenous People** ❑ **Displaced Worker** (1) ❑ **Local** (2) ❑ **OFW**  ❑ **Rebel Returnee** ❑ **Victims of Armed Conflicts** ❑ **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)  [ ] 1) Photocopy of Birth Certificate or any document indicating date of birth or age (age must be 15-30)  [ ] 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  [ ] 3) **For students**, any of the following, in addition to requirements no. 1 and 2:  [ ] 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**  [ ] b) Original copy of Certification by the School Registrar as to passing grade immediately preceding  semester/year if grades are not yet available  [ ] 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) | | |
| [ ] 1stAvailment | | | | | | | |  | | |  | | |
| [ ] 2ndAvailment | | | | | | | |  | | |  | | |
| [ ] 3rdAvailment | | | | | | | |  | | |  | | |
| [ ] 4thAvailment | | | | | | | |  | | |  | | |
| **Other related information/ requests/ interventions from DOLE:** | | | | | | | | | | | | | |
| *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.*  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Signature of Applicant | | | | | | | | | | | | | |
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