

INSTRUCTIONS: Please fill out the form legibly in block letters using a ballpoint pen. Check appropriate box do not leave any items unanswered. Indicate "NA" if not applicable. You may use extra sheet if needed Accomplished form to the Public Employment Service Office (PESO) Manager or Officer in your city/r

I. PERSONAL INFORMATION

Delos Santos	Reign Joseph	Catig
Surname	First Name	Middle Name
DATE OF BIRTH (mm/dd/yyyy)	January 13 2003	
SEX <input checked="" type="radio"/> Male <input type="radio"/> Female	PRESENT ADDRESS	
RELIGION	House No./ Street Village	w
Catholic		
CIVIL STATUS	Barangay	2r
<input checked="" type="radio"/> Single <input type="radio"/> Married <input type="radio"/> Widow	City/Municipality	dr
	Province	e3

TIN

DISABILITY Visual Speech Mental Hearing Physical Others

EMPLOYMENT STATUS / TYPE

<input type="checkbox"/> Employment	<input type="checkbox"/> Unemployed
Are you an OFW?	<input type="radio"/> Yes <input type="radio"/> No
Are you a former OFW?	

Are you a 4Ps beneficiary? Yes No

II. JOB PREFERENCE

PREFERRED OCCUPATION	PREFERRED WORK LOCATION	
<input type="radio"/> Part-time <input type="radio"/> Full-time	<input type="radio"/> Local (specify cities/municipalities):	<input type="radio"/> Over
1.	1.	Country 1
2.	2.	Country 2
3.	3.	Country 3

III. LANGUAGE / DIALECT PROFICIENCY (check if applicable)

LANGUAGE/DIALECT English Tagalog Cebuano Ilocano Hiligaynon Waray Bicol Pangasinan Kapampangan Other _____

Language/Dialect	Read	Write	Speak
English	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Filipino	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mandarin	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Others:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

IV. EDUCATIONAL BACKGROUND

Currently in school? Yes No

Level:	COURSE:	Year Graduated	IF UNDERGRADUATE	
			LEVEL REACHED	YEAR LAST ATTENDED
Elementary				
<input checked="" type="radio"/> Secondary (Non-K12)	<input checked="" type="radio"/> Secondary (K-12)	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
1.			
2.			
3.			

VI. ELIGIBILITY/ PROFESSIONAL LICENSE

ELIGIBILITY (Civil Service)	DATE TAKEN	PROFESSIONAL LICENSE (PRC)	VAL UN
1.			
2.			

VII. WORK EXPERIENCE (Limit to 10 year period, start with the most recent employment)

COMPANY NAME	ADDRESS (City/Municipality)	POSITION	NUMBER OF MONTHS	STATUS (Permanent, Contractual, Parttime, Probationary)
1.				
2.				
3.				

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

DOMESTIC CHORES

PAINTER/ARTIST

TAILORING

DRIVER

PAINTING JOBS

OTHERS: