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|--|--------------------------|--|--------------------------|----------------------------------|
| NSRP Form 1<br>September<br>2020   |                          | Republic of the Philippines<br>Department of Labor and Employment<br><b>NATIONAL SKILLS REGISTRATION PROGRAM</b><br><b>JOBSEEKER REGISTRATION FORM</b> |                          |                                  |
| <b>INSTRUCTIONS:</b> 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  |                          |  |                          |                                  |
| Dela Cruz  |                          | Kylle  | Masilungan               |                                  |
| Surname  |                          | First Name   | Middle Name              | Suffix (Ex: Sr., Jr., III, etc.) |
| DATE OF BIRTH (mm/dd/yyyy)   |                          | Jan 08,2002  |                          |                                  |
| SEX <input checked="" type="radio"/> Male <input type="radio"/> Female   |                          | PRESENT ADDRESS  |                          |                                  |
| RELIGION<br>Catholic   |                          | House No./ Street Village  | 032                      |                                  |
| CIVIL STATUS<br><input checked="" type="radio"/> Single<br><input type="radio"/> Married<br><input type="radio"/> Widow  |                          | Barangay   | Pagala                   |                                  |
|  |                          | City/Municipality  | Baliwag                  |                                  |
|  |                          | Province   | Bulacan                  |                                  |
| 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  |                          |  |                          | CONTACT NUMBER/S<br>09277232914  |
|  |                          |  |                          | EMAIL<br>kylledc16@gmail.com     |
| EMPLOYMENT STATUS / TYPE   |                          |  |                          |                                  |
| <input type="checkbox"/> Employment  |                          | <input type="checkbox"/> Unemployed  |                          |                                  |
| Are you an OFW? <input type="radio"/> Yes <input checked="" type="radio"/> No  |                          | Are you a former OFW? <input type="radio"/> Yes <input type="radio"/> No   |                          |                                  |
| Are you a 4Ps beneficiary? <input type="radio"/> Yes <input checked="" type="radio"/> 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"/> Overseas, (specify countries):                                      |                          |                                  |
| 1.   |                          | 1.   | Country 1                |                                  |
| 2.   |                          | 2.   | Country 2                |                                  |
| 3.   |                          | 3.   | Country 3                |                                  |
| III. LANGUAGE / DIALECT PROFICIENCY (check if applicable)  |                          |  |                          |                                  |
| LANGUAGE/DIALECT   | Read                     | Write  | Speak                    | Understand                       |
| English  | <input type="checkbox"/> | <input type="checkbox"/>   | <input type="checkbox"/> | <input type="checkbox"/>         |
| Filipino   | <input type="checkbox"/> | <input type="checkbox"/>   | <input type="checkbox"/> | <input type="checkbox"/>         |
| Mandarin   | <input type="checkbox"/> | <input type="checkbox"/>   | <input type="checkbox"/> | <input type="checkbox"/>         |
| Others:  | <input type="checkbox"/> | <input type="checkbox"/>   | <input type="checkbox"/> | <input type="checkbox"/>         |

| IV. EDUCATIONAL BACKGROUND  |  |                            |                     |   |                    |
|---|--|----------------------------|---------------------|---|--------------------|
| Currently in school? <input type="radio"/> Yes <input type="radio"/> No   |  |                            |                     |   |                    |
| Level:  | COURSE:                                    |                            | Year Graduated      | IF UNDERGRADUATE  |                    |
|   |  |                            |                     | LEVEL REACHED   | YEAR LAST ATTENDED |
| Elementary  |  |                            |                     |   |                    |
| <input type="radio"/> Secondary<br>(Non-K 12)   | <input type="radio"/> Secondary<br>(K- 12) | Strand:                    |                     |   |                    |
| Tertiary  |  |                            |                     |   |                    |
| Graduate Studies/<br>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<br>(NC I, NC II, NC II, NC IV, etc.)    |                    |
| 1.  |  |                            |                     |   |                    |
| 2.  |  |                            |                     |   |                    |
| 3.  |  |                            |                     |   |                    |
| VI. ELIGIBILITY/ PROFESSIONAL LICENSE   |  |                            |                     |   |                    |
| ELIGIBILITY<br>(Civil Service)  | DATE<br>TAKEN                              | PROFESSIONAL LICENSE (PRC) | VALID<br>UNTIL      |   |                    |
| 1.  |  |                            |                     |   |                    |
| 2.  |  |                            |                     |   |                    |
| VII. WORK EXPERIENCE (Limit to 10 year period, start with the most recent employment)   |  |                            |                     |   |                    |
| COMPANY NAME  | ADDRESS<br>(City/Municipality)             | POSITION                   | NUMBER OF<br>MONTHS | STATUS<br>(Permanent, Contractual,<br>Parttime, Probationary) |                    |
| 1.  |  |                            |                     |   |                    |
| 2.  |  |                            |                     |   |                    |
| 3.  |  |                            |                     |   |                    |
| VIII. OTHER SKILLS ACQUIRED WITHOUT CERTIFICATE   |  |                            |                     |   |                    |
| <div> <input type="checkbox"/> AUTO MECHANIC <input type="checkbox"/> ELECTRICIAN <input type="checkbox"/> PHOTOGRAPHY </div> <div> <input type="checkbox"/> BEAUTICIAN <input type="checkbox"/> EMBROIDERY <input type="checkbox"/> PLUMBING </div> <div> <input type="checkbox"/> CARPENTRY WORK <input type="checkbox"/> GARDENING <input type="checkbox"/> SEWING DRESSES </div> <div> <input type="checkbox"/> COMPUTER LITERATE <input type="checkbox"/> MASONRY <input type="checkbox"/> STENOGRAPHY </div> <div> <input type="checkbox"/> DOMESTIC CHORES <input type="checkbox"/> PAINTER/ARTIST <input type="checkbox"/> TAILORING </div> <div> <input type="checkbox"/> DRIVER <input type="checkbox"/> PAINTING JOBS OTHERS: </div> |  |                            |                     |   |                    |