

NSRP Form 1 September 2020	Republic of the Philippines Department of Labor and Employment NATIONAL SKILLS REGISTRATION PROGRAM JOBSEEKER REGISTRATION FORM
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INSTRUCTIONS: Please fill out the form legibly in block letters using a ballpoint pen. Check appropriate do not leave any items unanswered. Indicate "NA" if not applicable. You may use extra sheet if ne Accomplished form to the Public Employment Service Office (PESO) Manager or Officer in your ci

I. PERSONAL INFORMATION

eq	ewq	dwqdwq	
Surname	First Name	Middle Name	Suffix (Ex
DATE OF BIRTH (mm/dd/yyyy)	dwq		
SEX <input checked="" type="radio"/> Male <input type="radio"/> Female	PRESENT ADDRESS		
RELIGION dwq	House No./ Street Village	dwqwqd	
CIVIL STATUS <input checked="" type="radio"/> Single <input type="radio"/> Married <input type="radio"/> Widow	Barangay	dwqd	
	City/Municipality	wq	
	Province	dwqdwq	
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 E- dwq MAIL

EMPLOYMENT STATUS / TYPE	
<input type="radio"/> Employment	<input type="radio"/> Unemployed
Are you an OFW? <input type="radio"/> Yes <input 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 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
1.	1.	Country 1
2.	2.	Country 2
3.	3.	Country 3

III. LANGUAGE / DIALECT PROFICIENCY (check if applicable)

LANGUAGE/DIALECT	Read	Write	Speak
English	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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? <input type="radio"/> Yes <input type="radio"/> No					
Level:	COURSE:		Year Graduated	IF UNDERGRADUATE	
				LEVEL REACHED	YEAR LAST ATTENDED
Elementary					
<input type="radio"/> Secondary (Non-K12)	<input 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 ACQUIRED
1.			
2.			
3.			

VI. ELIGIBILITY/ PROFESSIONAL LICENSE

ELIGIBILITY (Civil Service)	DATE TAKEN	PROFESSIONAL LICENSE (PRC)	VALID UNTIL
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
<input type="checkbox"/> DOMESTIC CHORES	<input type="checkbox"/> PAINTER/ARTIST	<input type="checkbox"/> TAILORING
<input type="checkbox"/> FOLDING	<input type="checkbox"/> PAINTING WORK	<input type="checkbox"/> OTHERS-

