

INSTRUCTIONS: 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

3

3

2

2

Surname

First Name

Middle Name

Suffix (Ex: Sr., Jr., III, etc.)

DATE OF BIRTH (mm/dd/yyyy)

3

SEX Male Female

RELIGION

3

CIVIL STATUS Single Married Widow**PRESENT ADDRESS**

House No./ Street Village

3

Barangay

3

City/Municipality

3

Province

3

TIN

HEIGHT (FT.) 3

DISABILITY

 Visual Speech Mental Hearing Physical Others**CONTACT NUMBER/S**

3

EMAIL

3

EMPLOYMENT STATUS / TYPE Employment Wage Employed Self-Employed Fisherman/Fisherfolk Vendor/Retailer Home-based Worker Transport Domestic Worker Freelancer Artisan/Craft Worker Others (Please specify):

Are you an OFW?

 Yes No

Specify country:

Are you a 4Ps beneficiary? Yes No Household ID No: Unemployed New Entrant/Fresh Graduate Terminated/Laid off (local) Finished Contract Terminated/Laid off (abroad) Retired Resigned Specify Country: Terminated/Laid off due to calamity Others, please specify:

Are you a former OFW?

 Yes No

Latest country of deployment:

Month and year of return to Philippines:

MM/YYYY

II. JOB PREFERENCE

PREFERRED OCCUPATION		PREFERRED WORK LOCATION	
<input checked="" type="radio"/> Part-time <input type="radio"/> Full-time		<input checked="" type="radio"/> Local (specify cities/municipalities):	<input checked="" 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? 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 ACQUIRED	CERTIFICATES RECEIVED (NC I, NC II, NC III, NC IV, etc.)
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"/> DRIVER | <input type="checkbox"/> PAINTING JOBS | OTHERS: |