

NSRP Form 1 September 2020		Republic of the Philippines Department of Labor and Employment NATIONAL SKILLS REGISTRATION PROGRAM JOBSEEKER REGISTRATION FORM			
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					
2		e		e	
Surname		First Name		Middle Name	
DATE OF BIRTH (mm/dd/yyyy)		s			
SEX <input checked="" type="radio"/> Male <input type="radio"/> Female		PRESENT ADDRESS			
RELIGION s		House No./ Street Village		Sabng	
CIVIL STATUS <input checked="" type="radio"/> Single <input type="radio"/> Married <input type="radio"/> Widow		Barangay		Va	
		City/Municipality		dw	
		Province		dw	
TIN				HEIGHT (FT.) d	
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 d	
				EMAIL d	
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? <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 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 (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	CERTIFICATES RECEIVED (NC I, NC II, NC II, NC IV, et	
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					
<div><div><input type="checkbox"/> AUTO MECHANIC</div><div><input type="checkbox"/> BEAUTICIAN</div><div><input type="checkbox"/> CARPENTRY WORK</div><div><input type="checkbox"/> COMPUTER LITERATE</div><div><input type="checkbox"/> DOMESTIC CHORES</div><div><input type="checkbox"/> DRIVER</div></div> <div><div><input type="checkbox"/> ELECTRICIAN</div><div><input type="checkbox"/> EMBROIDERY</div><div><input type="checkbox"/> GARDENING</div><div><input type="checkbox"/> MASONRY</div><div><input type="checkbox"/> PAINTER/ARTIST</div><div><input type="checkbox"/> PAINTING JOBS</div></div> <div><div><input type="checkbox"/> PHOTOGRAPHY</div><div><input type="checkbox"/> PLUMBING</div><div><input type="checkbox"/> SEWING DRESSES</div><div><input type="checkbox"/> STENOGRAPHY</div><div><input type="checkbox"/> TAILORING</div><div>OTHERS:</div></div>					