

# 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 "N/A" 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

Surname	First Name	Middle Name	Suffix (Ex: Sr., Jr., III, etc.)	DATE OF BIRTH (mm/dd/yyyy)			
		SEX <input type="radio"/> Male <input type="radio"/> Female		PRESENT ADDRESS		House No./ Street Village	
		Barangay		City/Municipality			
Province		RELIGION		CIVIL STATUS <input type="radio"/> Single			
<input type="radio"/> Married							
<input type="radio"/> Widow		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		Please specify		CONTACT NUMBER/S			
E-MAIL				EMPLOYMENT STATUS / TYPE <input type="checkbox"/> Employment			
<input type="checkbox"/> Wage Employed <input type="checkbox"/> Self-Employed							
<input type="checkbox"/> Fisherman/Fisherfolk <input type="checkbox"/> Vendor/Retailer <input type="checkbox"/> Home-based Worker <input type="checkbox"/> Transport <input type="checkbox"/> Domestic Worker <input type="checkbox"/>							
Freelancer <input type="checkbox"/> Artisan/Craft Worker <input type="checkbox"/> Others (Please specify):							
<input type="checkbox"/> Unemployed							
<input type="checkbox"/> New Entrant/Fresh Graduate <input type="checkbox"/> Terminated/Laid off (local) <input type="checkbox"/> Finished Contract <input type="checkbox"/> Terminated/Laid off (abroad) <input type="checkbox"/> Specify Country:							
<input type="checkbox"/> Resigned <input type="checkbox"/> Others, please specify:				<input type="checkbox"/> Retired <input type="checkbox"/> Terminated/Laid off due to calamity			
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							
Submit							