

**NSRP Form 2  
September  
2020**

Republic of the Philippines  
Department of Labor and Employment  
**NATIONAL SKILLS REGISTRATION PROGRAM  
ESTABLISHMENT REGISTRATION FORM**

**INSTRUCTIONS:** Please fill out the form legibly in block letters using a ballpoint pen. Check if 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. ESTABLISHMENT DETAILS**

**Business Name:** dd

**Trade Name:** dd

**Acronym/Abbreviation:** dddd

☐ Main Office

☐ Branch

**Tax Identifier Number:**

**Employer Type**

☐ Public

☐ Private

☐ National Government Agency

☐ Direct Hire

☐ Local Government Unit

☐ Local Recruitment Agency

☐ Government-Owned and Controlled Corporation

☐ Overseas Recruitment Agency

☐ State/Local Univesity or College

☐ D.O. 174

**Total Work Force:** ☐ Micro (1-9) ☐ Small (10-99) ☐ Medium (100-999) ☐ Large (200 and up)

**Line of Business/Industry** (check BIR 2303):

**Street/Village:**

**Barangay:**

**Municipal/City:**

**Province:**

**II. ESTABLISHMENT CONTACT DETAILS**

**Name of Owner/President (Full Name):**

**Contact Person (Full Name):**

**Position:**

**Telephone Number:**

**Mobile Number:**

**Fax Number:**

<b>Email Address:</b>	
III.VACANCY DETAILS	
<b>Position Title:</b>	
<b>Job Description:</b>	<b>Nature of Work:</b> <div> <input type="checkbox"/> Permanent <input type="checkbox"/> Internship/OJT </div> <div> <input type="checkbox"/> Contractual <input type="checkbox"/> Part Time </div> <div> <input type="checkbox"/> Project Based <input type="checkbox"/> Work From Home / online job </div>
	<b>Place of Work:</b>
	<b>Salary:</b>
	<b>Vacancy Count:</b>
IV.QUALIFICATION REQUIREMENTS	
<b>Work Experience:</b>	
<b>Other Qualifications:</b>	
Accepts persons with disabilities (PWD)    Yes <input type="radio"/> No <input type="radio"/>	
If "yes": <input type="checkbox"/> Visual <input type="checkbox"/> Physical <input type="checkbox"/> Hearing <input type="checkbox"/> Mental <input type="checkbox"/> Speech	
<input type="checkbox"/> Others: (please specify) <input type="text"/>	
Accepts returning (OFWs):    Yes <input type="radio"/> No <input type="radio"/>	
<b>Education Level:</b>	<b>Course/SHS Strand:</b>
<b>License:</b>	<b>Eligibility:</b>
<b>Certification:</b>	<b>Language/dialect Spoken:</b>
V.POSTING DETAILS	
<b>Posting Date (mm/dd/year):</b>	
<b>Valid Until (mm/dd/year):</b>	