

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: 3				
Trade Name: 3				
Acronym/Abbreviation: 3				
<input type="radio"/> Main Office <input type="radio"/> Branch Tax Identifier Number:				
Employer Type <div> <input type="checkbox"/> Public <input type="checkbox"/> Private </div> <div> <input type="checkbox"/> National Government Agency <input type="checkbox"/> Direct Hire </div> <div> <input type="checkbox"/> Local Government Unit <input type="checkbox"/> Local Recruitment Agency </div> <div> <input type="checkbox"/> Government-Owned and Controlled Corporation <input type="checkbox"/> Overseas Recruitment Agency </div> <div> <input type="checkbox"/> State/Local Univesity or College <input type="checkbox"/> D.O. 174 </div>				
Total Work Force: <input type="checkbox"/> Micro (1-9) <input type="checkbox"/> Small (10-99) <input type="checkbox"/> Medium (100-999) <input type="checkbox"/> 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:				
Email Address:				

III.VACANCY DETAILS	
Position Title:	
Job Description:	Nature of Work: <input type="checkbox"/> Permanent <input type="checkbox"/> Internship/OJT <input type="checkbox"/> Contractual <input type="checkbox"/> Part Time <input type="checkbox"/> Project Based <input type="checkbox"/> Work From Home / online job
	Place of Work:
	Salary:
	Vacancy Count:
IV.QUALIFICATION REQUIREMENTS	
Work Experience:	
Other Qualifications:	
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"/>	
Education Level:	Course/SHS Strand:
License:	Eligibility:
Certification:	Language/dialect Spoken:
V.POSTING DETAILS	
Posting Date (mm/dd/year):	
Valid Until (mm/dd/year):	