

**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: dwq

Trade Name: dwqd

Acronym/Abbreviation: wqdwq

- ☐ Main Office
☐ Branch

Tax Identifier Number:

Employer Type

- | | |
|--|--|
| <input type="checkbox"/> Public | <input type="checkbox"/> Private |
| <input type="checkbox"/> National Government Agency | <input type="checkbox"/> Direct Hire |
| <input type="checkbox"/> Local Government Unit | <input type="checkbox"/> Local Recruitment Agency |
| <input type="checkbox"/> Government-Owned and Controlled Corporation | <input type="checkbox"/> Overseas Recruitment Agency |
| <input type="checkbox"/> State/Local University or College | <input type="checkbox"/> 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:

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 ☐ No ☐

If "yes": ☐ Visual ☐ Physical ☐ Hearing ☐ Mental ☐ Speech

☐ Others: (please specify)

Accepts returning (OFWs): Yes ☐ No ☐

Education Level:

Course/SHS Strand:

License:

Eligibility:

Certification:

Language/dialect Spoken:

V.POSTING DETAILS

Posting Date (mm/dd/year):

Valid Until (mm/dd/year):