

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

321	213	321	3213
Surname	First Name	Middle Name	Suffix (Ex: Sr., Jr., III, etc.)
DATE OF BIRTH (mm/dd/yyyy)	21321		
SEX <input checked="" type="radio"/> Male <input type="radio"/> Female	PRESENT ADDRESS		
RELIGION 321	House No./ Street Village	321	
	Barangay	321	
	City/Municipality	321	
	Province	321	

TIN	HEIGHT (FT.) 321
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 3
	EMAIL 3

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): <div style="border: 1px solid black; height: 40px; width: 100%;"></div>	<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"/> Retired <input type="checkbox"/> Resigned <input type="checkbox"/> Specify Country: <input type="checkbox"/> Terminated/Laid off due to calamity <div style="border: 1px solid black; height: 40px; width: 100%;"></div> <input type="checkbox"/> Others, please specify: <div style="border: 1px solid black; height: 40px; width: 100%;"></div>
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Are you an OFW? <input type="radio"/> Yes <input checked="" type="radio"/> No	Are you a former OFW? <input type="radio"/> Yes <input checked="" type="radio"/> No
Specify country:	Latest country of deployment: <div style="border: 1px solid black; height: 20px; width: 100%;"></div>
	Month and year of return to Philippines: <div style="border: 1px solid black; height: 20px; width: 100%;"></div>

Are you a 4Ps beneficiary? Yes No Household ID No:

II. JOB PREFERENCE

PREFERRED OCCUPATION		PREFERRED WORK LOCATION	
<input checked="" type="radio"/> Part-time <input type="radio"/> Full-time		<input checked="" type="radio"/> Local (specify cities/municipalities):	
		<input checked="" type="radio"/> Overseas, (specify countries):	
1.		1.	
2.		2.	
3.		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? Yes No

Level:	COURSE:	Year Graduated	IF UNDERGRADUATE	
			LEVEL REACHED	YEAR LAST ATTENDED
Elementary				
<input checked="" type="radio"/> Secondary (Non-K12)	<input checked="" 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 III, NC IV, etc.)
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

- | | | |
|--|---|---|
| <input type="checkbox"/> AUTO MECHANIC | <input type="checkbox"/> ELECTRICIAN | <input type="checkbox"/> PHOTOGRAPHY |
| <input type="checkbox"/> BEAUTICIAN | <input type="checkbox"/> EMBROIDERY | <input type="checkbox"/> PLUMBING |
| <input type="checkbox"/> CARPENTRY WORK | <input type="checkbox"/> GARDENING | <input type="checkbox"/> SEWING DRESSES |
| <input type="checkbox"/> COMPUTER LITERATE | <input type="checkbox"/> MASONRY | <input type="checkbox"/> STENOGRAPHY |
| <input type="checkbox"/> DOMESTIC CHORES | <input type="checkbox"/> PAINTER/ARTIST | <input type="checkbox"/> TAILORING |
| <input type="checkbox"/> DRIVER | <input type="checkbox"/> PAINTING JOBS | OTHERS: |