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 "NA" if not applicable. You may use extra sheet if needed. Submit

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								
CURNANC	CT NIABAT			CLIEFLY /				
	ST NAME	MIDDLE	NAIVIE	SUFFIX (I	Ex: Sr., Jr., III, etc.)			
DATE OF BIRTH (mm/dd/yyyy)								
SEX Male Female	PRESENT A							
RELIGION	House No./ S	Street Village						
CIVIL Single	Barangay							
STATUS	Municipality,	/City						
☐ Widowed	Province							
TIN				HEIGHT (FT.)				
DISABILITY Visual Spee	ech \square Menta	I		CONTACT				
☐ Hearing ☐ Phys	=			NUMBER/S				
	others	r lease specify	•	E-MAIL				
EMPLOYMENT STATUS / TYPE								
☐ Employed		☐ Unemplo						
Wage employed		How long have you been looking for work? (months)						
Self-employed (Please specify) Fisherman/Fisherfolk		☐ New Entrant/Fresh Graduate ☐ Terminated/Laid off (local)						
Vendor/Retailer		Finished Contract Terminated/Laid off (abroad)						
Home-based worker		specify country:						
Transport		Resigned						
Domestic Worker Freelancer		Others, please specify:						
Artisan/Craft Worker		Retired						
Others (Please specify):		Terminated/Laid off due to calamity						
Are you an OEW2 Ves No. Are you a former OEW2 Ves No.								
Are you an OFW? Yes No Are you a former OFW? Yes No Specify country Latest country of deployment								
Month and year of return to Philippines								
Are you a 4Ps beneficiary? Yes No If yes, please provide Household ID No								
II. JOB PREFERENCE								
PREFERRED OCCUPATION		PREFERRED WORK LOCATION						
Part-time Full-time	Local (specify citie	(specify cities/municipalities): Overseas, (specify countries):			:			
1.	1.		1.					
2.	2.							
3.		3.						
III. LANGUAGE / DIALECT PROFICIENCY (check if applicable)								
	READ	WRITE		SPEAK	UNDERSTAND			
English								
Filipino								

Mai	ndarin										
Oth	ners:	_									
IV. E	DUCATIONAL BA	CKGROUNI)								
Curre	ently in school?	Yes	□ N	0					1		
LEVEL					COURCE		YEAR		LEVEI	IF UNDERGRADUATE	
LEVEL			COURSE				GRADU	GRADUATED		- ED	YEAR LAST ATTENDED
Elem	Elementary										
Secondary Secondary			Senior High Strand:								
(1)	Non-K12)	(K-12)									
Terti	-										
	luate Studies/										
	-graduate CHNICAL/VOCA	TIONAL AN	р отц	ED TD A	INIINIC	(Include course)	s takons a	c part o	f college o	ducat	ion)
V. IE	CHINICAL/ VOCA	HUNAL AN	חוטע	1	1	(include courses	s takeris a	Sparto	i college e	uucat	
TRAINING/VOCATIONAL COURSE		RSE	C	OURS TRAININ OF INSTITUT			SKILLS A		RED	CERTIFICATES RECEIVED (NC I, NC II, NC IV, etc.)	
1.											
2.											
3											
VI. E	LIGIBILITY/ PRO										
ELIGIBILITY DA (Civil Service) TAI		(EN	PROFFSSIOI		ONAL LICE	NAL LICENSE (PRC)			VALID UNTIL		
1.			1.								
2.					2.						
VII. V	WORK EXPERIEN	CE (Limit to	10 yea	ar perio	od, star	t with the most	recent en	nployme	ent)		
COMPANY NAME ADDRESS (City/Municipal		-	POSITION		NUMBER OF MONTHS		STATUS (Permanent, Contractual, Part- time, Probationary)				
\/III /	OTHER SKILLS A	COLUBED W	UTUOL	IT CEDI	FIEICAT	Г					
	AUTO MECHANI		ППОС	JI CEKI		ELECTRICIAN				IOTO	GRAPHY
BEAUTICIAN					EMBROIDERY				UMB		
CARPENTRY WORK					GARDENING			☐ SE	WING	G DRESSES	
☐ COMPUTER LITERATE					MASONRY			☐ ST	ENOG	GRAPHY	
☐ DOMESTIC CHORES				PAINTER/ARTIST		IST	TAILORI			NG	
☐ DRIVER				Ш	PAINTING JOE	3S		□ 01	THERS	5:	
CERTIFICATION/AUTHORIZATION											
This is to certify that all data/information that I have provided in this form are true to the best of my knowledge. This is also to authorize DOLE to include my profile in the PESO Employment Information System and use my personal information for employment facilitation. I am also aware that DOLE is not obliged to seek employment on my behalf.											
Signature of Applicant Date											
FOR LISE OF PESO ONLY PLEASE DO NOT WRITE RELOW THIS DOTTED LINE											

Referred to:		Assessed by:	
SPES	DILEEP		
GIP	TESDA Training		
TUPAD			
JobStart		Signature over Printed Name of Assessor	Date
Others, spec	ify:		