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: CXZCX | | |
| Trade Name: ZCXZC | | |
| Acronym/Abbreviation: CXZCXZ | | |
| Main Office Branch Tax Identifier Number: | | |
| Employer Type | | |
| Public | Private | |
| National Government Agency Local Government Unit Government-Owned and Controlled Corporation State/Local University or College | Direct HireLocal Recruitment AgencyOverseas Recruitment AgencyD.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: | |
| | Permanent Internship/OJT | |
| | Contractual Part Time | |
| | Project Based 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: | |
| certification. | Language, analect Spoken. | |
| | | |
| V.POSTING DETAILS | | |
| Posting Date (mm/dd/year): | | |
| Valid Until (mm/dd/year): | | |