

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

SURNAME	FIRST NAME	MIDDLE NAME	SUFFIX (Ex: Sr., Jr., III, etc.)
DATE OF BIRTH (mm/dd/yyyy)			
SEX <input type="checkbox"/> Male <input type="checkbox"/> Female		PRESENT ADDRESS	
RELIGION		House No./ Street Village	
CIVIL STATUS <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Widowed		Barangay	
		Municipality/City	
		Province	
TIN		HEIGHT (FT.)	
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 Please specify: _____		CONTACT NUMBER/S	
		E-MAIL	

EMPLOYMENT STATUS / TYPE

<input type="checkbox"/> Employed <input type="checkbox"/> Wage employed <input type="checkbox"/> Self-employed (Please specify) <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): _____	<input type="checkbox"/> Unemployed How long have you been looking for work? (months) _____ <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) specify country: _____ <input type="checkbox"/> Resigned <input type="checkbox"/> Others, please specify: _____ <input type="checkbox"/> Retired _____ <input type="checkbox"/> Terminated/Laid off due to calamity
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Are you an OFW? <input type="checkbox"/> Yes <input type="checkbox"/> No Specify country _____	Are you a former OFW? <input type="checkbox"/> Yes <input type="checkbox"/> No Latest country of deployment _____ Month and year of return to Philippines _____
Are you a 4Ps beneficiary? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please provide Household ID No. _____	

II. JOB PREFERENCE

PREFERRED OCCUPATION		PREFERRED WORK LOCATION			
<input type="checkbox"/> Part-time	<input type="checkbox"/> Full-time	<input type="checkbox"/> Local (specify cities/municipalities):		<input type="checkbox"/> Overseas, (specify countries):	
1.		1.		1.	
2.		2.		2.	
3.		3.		3.	

III. LANGUAGE / DIALECT PROFICIENCY (check if applicable)

LANGUAGE/DIALECT	READ	WRITE	SPEAK	UNDERSTAND
English				
Filipino				
Mandarin				
Others: _____				

IV. EDUCATIONAL BACKGROUND

Currently in school? Yes No

LEVEL	COURSE	YEAR GRADUATED	IF UNDERGRADUATE	
			LEVEL REACHED	YEAR LAST ATTENDED
Elementary				
<input type="checkbox"/> Secondary (Non-K12)	<input type="checkbox"/> Secondary (K-12) Senior High 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 <small>(NC I, NC II, NC III, NC IV, etc.)</small>
1.				
2.				
3.				

VI. ELIGIBILITY/ PROFESSIONAL LICENSE

ELIGIBILITY (Civil Service)	DATE TAKEN	PROFESSIONAL LICENSE (PRC)	VALID UNTIL
1.		1.	
2.		2.	

VII. WORK EXPERIENCE (Limit to 10 year period, start with the most recent employment)

COMPANY NAME	ADDRESS <small>(City/Municipality)</small>	POSITION	NUMBER OF MONTHS	STATUS <small>(Permanent, Contractual, Part-time, Probationary)</small>

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	<input type="checkbox"/> OTHERS: _____

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.

_____ Date

Signature of Applicant

FOR USE OF PESO ONLY. PLEASE DO NOT WRITE BELOW THIS DOTTED LINE.

Referred to: <input type="checkbox"/> SPES <input type="checkbox"/> DILEEP <input type="checkbox"/> GIP <input type="checkbox"/> TESDA Training <input type="checkbox"/> TUPAD <input type="checkbox"/> JobStart <input type="checkbox"/> Others, specify: _____	Assessed by: _____ Signature over Printed Name of Assessor Date
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