

INSTRUCTIONS: Please fill out the form legibly with ball pen. Print in block letters. 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 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)		PLACE OF BIRTH	
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"/> Separated <input type="checkbox"/> Married <input type="checkbox"/> Live-in <input type="checkbox"/> Widowed	Barangay	
		Municipality/City	
		Province	
TIN		HEIGHT	
GSIS/SSS ID NO.		EMAIL ADDRESS	
PAG-IBIG NO.		LANDLINE NUMBER	
PHILHEALTH NO.		CELLPHONE NUMBER	
DISABILITY	<input type="checkbox"/> Visual <input type="checkbox"/> Speech <input type="checkbox"/> Others, specify: _____ <input type="checkbox"/> Hearing <input type="checkbox"/> Physical _____		
EMPLOYMENT STATUS / TYPE	<input type="checkbox"/> Employed		<input type="checkbox"/> Unemployed
	<input type="checkbox"/> Wage Employed	<input type="checkbox"/> New Entrant/Fresh Graduate	<input type="checkbox"/> Terminated/Laidoff(local)
	<input type="checkbox"/> Self Employed	<input type="checkbox"/> Finished Contract	<input type="checkbox"/> Terminated/Laidoff(abroad) specify country _____
		<input type="checkbox"/> Resigned	<input type="checkbox"/> Others, specify _____
	<input type="checkbox"/> Retired		
Are you actively looking for work? Yes <input type="checkbox"/> No How long have you been looking for work? _____			
Willing to work immediately? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, when? _____			
Are you a 4Ps beneficiary? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, Household ID No. _____			

II. JOB PREFERENCE

PREFERRED OCCUPATION		PREFERRED WORK LOCATION			
1.		<input type="checkbox"/> Local,specify cities/municipalities:		<input type="checkbox"/> Overseas,specify countries:	
2.		1.		1.	
3.		2.		2.	
4.		3.		3.	
Expected Salary (Range)		Passport No.		Expiry date	

III. LANGUAGE / DIALECT PROFICIENCY

(check if applicable)	READ	WRITE	SPEAK	UNDERSTAND
English				
Filipino				
Others: _____				

IV. EDUCATIONAL BACKGROUND						
	School	Course	Year graduated	If undergraduate,		Awards received
				what level?	year last attended	
Elementary						
Secondary						
Tertiary						
Graduate Studies						

V. TECHNICAL/VOCATIONAL AND OTHER TRAINING (Include courses taken as part of college education)			
TRAINING/VOCATIONAL COURSE	Duration <small>(mm/dd/yyyy to mm/dd/yyyy)</small>	Training Institution	Certificates Received <small>(NC I, NC II, NC III, NC IV, etc)</small>
1.			
2.			
3.			

VI. ELIGIBILITY/ PROFESSIONAL LICENSE				
ELIGIBILITY (Civil Service)	Rating	Date of examination	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	Inclusive Dates <small>(mm/yyyy to mm/yyyy)</small>	Status <small>(Permanent, Contractual, Part-time, Probationary)</small>

VIII. OTHER SKILLS ACQUIRED WITHOUT FORMAL TRAINING		
<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 the DOLE to include my profile in the PESO Employment Information System, which is a subsystem of the PhilJobNet. It is understood that my name shall be made available to employers who have access to the Registry. I am also aware that DOLE is not obliged to seek employment on my behalf.

 Signature of Applicant

 Date

FOR USE OF PESO ONLY. PLEASE DO NOT WRITE BELOW THIS DOTTED LINE.	
Eligible for public employment services? <input type="checkbox"/> SPES <input type="checkbox"/> GIP <input type="checkbox"/> TUPAD <input type="checkbox"/> JobStart <input type="checkbox"/> Others, specify: _____	Assessed by: _____ Signature over Printed Name of Assessor
	_____ Date