

**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**

<b>SURNAME</b>				<b>FIRST NAME</b>		<b>MIDDLE NAME</b>		<b>SUFFIX (Ex: Sr., Jr., III, etc.)</b>	
<b>DATE OF BIRTH (mm/dd/yyyy)</b>			<b>PLACE OF BIRTH</b>						
<b>SEX</b>		<input type="checkbox"/> Male		<input type="checkbox"/> Female		<b>PRESENT ADDRESS</b>			
<b>RELIGION</b>			House No./ Street			Village			
<b>CIVIL STATUS</b>			<input type="checkbox"/> Single		<input type="checkbox"/> Separated		Barangay		
			<input type="checkbox"/> Married		<input type="checkbox"/> Live-in		Municipality/City		
			<input type="checkbox"/> Widowed		Province				
<b>TIN</b>			<b>HEIGHT</b>						
<b>GSIS/SSS ID NO.</b>			<b>EMAIL ADDRESS</b>						
<b>PAG-IBIG NO.</b>			<b>LANDLINE NUMBER</b>						
<b>PHILHEALTH NO.</b>			<b>CELLPHONE NUMBER</b>						

**DISABILITY**     Visual     Speech     Others, specify: \_\_\_\_\_  
 Hearing     Physical    \_\_\_\_\_

<b>EMPLOYMENT STATUS / TYPE</b>	<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  No     How long have you been looking for work? \_\_\_\_\_  
Willing to work immediately?     Yes  No    If no, when? \_\_\_\_\_

Are you a 4Ps beneficiary?  Yes  No    If yes, Household ID No. \_\_\_\_\_

**II. JOB PREFERENCE**

<b>PREFERRED OCCUPATION</b>		<b>PREFERRED WORK LOCATION</b>			
1.		<input type="checkbox"/> Local, specify cities/municipalities:		<input type="checkbox"/> Overseas, specify countries:	
2.		1.		1.	
3.		2.		2.	
4.		3.		3.	

<b>Expected Salary (Range)</b>		<b>Passport No.</b>		<b>Expiry date</b>	
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**III. LANGUAGE / DIALECT PROFICIENCY**

(check if applicable)	<b>READ</b>	<b>WRITE</b>	<b>SPEAK</b>	<b>UNDERSTAND</b>
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?**

- SPES  
 GIP  
 TUPAD  
 JobStart  
 Others, specify: \_\_\_\_\_

**Assessed by:**

\_\_\_\_\_  
Signature over Printed Name of Assessor

\_\_\_\_\_  
Date

