



**Republic of the Philippines  
Department of Labor and Employment  
Bureau of Local Employment**



**SURVEY QUESTIONNAIRE**

**PURPOSE:**

This survey questionnaire aims to assess the PESO capabilities in terms of resources and the services it provides to its clientele. The survey will also serve as the basis to determine the other types of PESO assistance they may need in order for it to perform its function, effectively and efficiently. Moreover, please ensure the accuracy and completeness of information, as this will be validated by the Department of Labor and Employment.

**This Form should be accomplished by the PESO Manager or PESO Coordinator.**

**Date:** \_\_\_\_\_

**Region:** \_\_\_\_\_  
**PESO:** \_\_\_\_\_

**Type:**             Provincial    City    Municipal    NGO    SUCs

**Classification:** \_\_\_\_\_  
(Provincial 1<sup>st</sup> to 4<sup>th</sup> Class / Municipal 1<sup>st</sup> to 6<sup>th</sup> Class / Highly Urbanized or Component City)

**Email Address:** \_\_\_\_\_

**Office Address:** \_\_\_\_\_

**Telephone Number:** \_\_\_\_\_            **Fax Number:** \_\_\_\_\_

**1. What are the services offered by your office? Please check.**

Services Offered	Average Number of Persons Who Availed of the Service per month (Beneficiaries)	Problems encountered in rendering the service, if any.
<input type="checkbox"/> Provision of LMI		
<input type="checkbox"/> Employment Guidance and Counseling <input type="checkbox"/> Career Guidance <input type="checkbox"/> Employment Counseling	_____	_____
<input type="checkbox"/> Referral and Placement <input type="checkbox"/> Wage <input type="checkbox"/> Self Employment	_____	_____
Other Services		
<input type="checkbox"/> JOBS FAIR		
<input type="checkbox"/> SPES		

<input type="checkbox"/> TULAY		
<input type="checkbox"/> WAP		
<input type="checkbox"/> WHIP		
<input type="checkbox"/> KASH		
<input type="checkbox"/> WORKTREP		
<input type="checkbox"/> Anti Illegal Recruitment (AIR) Campaign for PRPA		
<input type="checkbox"/> Funding Support for Self- Employment / livelihood _____ _____	_____	_____
<input type="checkbox"/> OTHERS _____ _____ _____	_____	_____

2. How many personnel does your PESO have? \_\_\_\_\_  
Please indicate the name of personnel with their position/designation, including PESO Manager.

Name of Personnel	Position/Designation	Status of Appointment (Permanent, Casual, etc)	Duration (no. of years/months in service)

(Please attach additional sheets if necessary)

3. Does the PESO have its own computers in providing services? If YES, how many computers is being used. \_\_\_\_\_.  
If NO, please proceed to Question No. 8.

4. Please indicate the specifications of your computer hardware.  
CPU \_\_\_\_\_  
Memory \_\_\_\_\_  
Operating System \_\_\_\_\_  
Status of hardware \_\_\_\_\_

5. What computer applications are being used by the staff? (ex. MS Word, MS Excel, MS PowerPoint, Phil-Jobnet Offline Facility, Phil-Jobnet Online Application, etc.)

6. Do you have an internet connection? Server? \_\_\_\_\_ If yes, what is your purpose in subscribing to the internet? (ex. Email, Browsing, Phil-Jobnet, etc)

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

7. How many hours a day are you allowed to use the internet?

- AM \_\_\_\_\_ hours     PM \_\_\_\_\_ hours  
 Daily     3x /week     2x /week     1x /week     Seldom

8. How many of the Staff are using the Phil-Jobnet System? \_\_\_\_\_  
 Purpose: \_\_\_\_\_

9. What other office equipment does the PESO have? Please check.

- Telephone     Direct Line     Local
- |   |  |
|---|--|
| <input type="checkbox"/> Fax            | <input type="checkbox"/> Vehicle       |
| <input type="checkbox"/> Printer        | <input type="checkbox"/> Camera/Video  |
| <input type="checkbox"/> Typewriter     | <input type="checkbox"/> Tape recorder |
| <input type="checkbox"/> Filing Cabinet | <input type="checkbox"/> Others _____  |

10. Do all PESO personnel have relevant training on employment service?  Yes  No. If yes, please specify the type of training they have attended.

Name	Basic PESO Training	Labor Market Information	Labor Market Analysis	Employment Guidance And Counseling	Pre-Employment Orientation	Phil-Jobnet Online	Phil-Jobnet Offline	Career Guidance	Training Provider (Conducted By)

11. What other trainings are needed by your personnel to enhance and improve their capabilities as employment officers?

Name of Personnel	Type of Training

---

---

---

---

**12. Please list down awards and/or commendations received from DOLE.**

---

---

---

**13. Please list down awards and/or commendations received from LGU.**

---

---

---

**14. Please list down awards and/or commendations received from other institutions.**

---

---

**15. Does your PESO have regular budgetary allocation?  Yes  No**

**If Yes, how much annually?**

<b>PS</b>	_____
<b>MOOE</b>	_____
<b>Capital Outlay</b>	_____

**If No, where do you get funds for your projects/activities.** \_\_\_\_\_

**16. Identify internal / external and nature of linkages of your PESO e.g. PMAP, Rotary Club.**

---

---

---

**17. Please cite other responsibility / tasked assigned to your office outside of the PESO work.**

---

---

---

---

Noted:

\_\_\_\_\_  
**PESO Manager**

\_\_\_\_\_  
**Local Chief Executive**

\_\_\_\_\_  
**DOLE Regional Director**