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| NSRP Form 1.REV 3 | Republic of the Philippines Department of Labor and Employment NATIONAL SKILLS REGISTRATION PROGRAM REGISTRATION FORM |
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INSTRUCTIONS: Please fill out the form legibly with ballpen. 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 (PESO) Manager or staff in your city/municipality/province.

I. PERSONAL INFORMATION

| | | | |
|---|---------------------------|--------------------------|---|
| LAST NAME | FIRST NAME | MIDDLE NAME | SUFFIX (Sr., Jr.) |
| DATE OF BIRTH (mm/dd/yyyy) | AGE | | |
| SEX <input type="checkbox"/> Male <input type="checkbox"/> Female | PRESENT ADDRESS | | |
| PLACE OF BIRTH | House No./ Street Village | | |
| CIVIL STATUS <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Separated <input type="checkbox"/> Others, specify: _____ | Barangay | | |
| | Municipality/City | | |
| | Province | | |
| CITIZENSHIP | PERMANENT ADDRESS | | <input type="checkbox"/> check if same as Present Address |
| HEIGHT | WEIGHT | House No./Street Village | |
| LANDLINE NUMBER | | Barangay | |
| MOBILE NUMBER Primary number Secondary number | | Municipality/City | |
| EMAIL ADDRESS | | Province | |
| DISABILITY <input type="checkbox"/> Visual <input type="checkbox"/> Speech <input type="checkbox"/> Others, specify: _____ <input type="checkbox"/> Hearing <input type="checkbox"/> Physical _____ | | | |
| EMPLOYMENT STATUS <input type="checkbox"/> Employed <input type="checkbox"/> Unemployed | | | |
| <input type="checkbox"/> Wage Employed <input type="checkbox"/> New Entrant/Fresh Graduate <input type="checkbox"/> Retired <input type="checkbox"/> Self Employed <input type="checkbox"/> Finished Contract <input type="checkbox"/> Terminated/Laidoff(local) <input type="checkbox"/> Resigned <input type="checkbox"/> Terminated/Laidoff(abroad) specify country _____ | | | |
| Are you actively looking for work? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, 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. _____ | | | |
| Are you an OFW? <input type="checkbox"/> Are you considering coming back to the Philippines to work? <input type="checkbox"/> | | | |

II. JOB PREFERENCE

| PREFERRED OCCUPATION AND INDUSTRY | OCCUPATION (e.g., clerk, call center agent, saleslady) | INDUSTRY (e.g., IT-BPM, Construction, Manufacturing) |
|--|---|--|
| | 1. | |
| 2. | | |
| 3. | | |
| PREFERRED WORK LOCATION | <input type="checkbox"/> Local,specify cities/municipalities: _____ | |
| | <input type="checkbox"/> Overseas,specify countries: _____ | |
| | 1. | |
| | 2. | |
| 3. | | |

Salary Expectation (PHP): _____

II. EDUCATIONAL BACKGROUND

| | |
|---|---|
| Currently in school? <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| HIGHEST EDUCATIONAL LEVEL | <input type="checkbox"/> No formal education <input type="checkbox"/> High School Level <input type="checkbox"/> College Graduate <input type="checkbox"/> Elementary Level <input type="checkbox"/> High School Graduate <input type="checkbox"/> Technical-vocational graduate <input type="checkbox"/> Elementary Graduate <input type="checkbox"/> College level <input type="checkbox"/> Post Graduate |
| | YEAR GRADUATED/LAST ATTENDED (mm/yy) |
| | SCHOOL/UNIVERSITY |
| COURSE/PROGRAM | |
| AWARDS/HONORS RECEIVED | |

IV. TECHNICAL/VOCATIONAL AND OTHER TRAINING

Currently in training? Yes No

| TRAINING | DURATION OF COURSE <small>(mm/dd/yyyy to mm/dd/yyyy)</small> | TRAINING INSTITUTION | CERTIFICATES RECEIVED | COMPLETED |
|----------|---|----------------------|-----------------------|--|
| | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |

V. ELIGIBILITY

| CAREER SERVICE/BOARD/BAR | LICENSE NUMBER | EXPIRY DATE |
|--------------------------|----------------|-------------|
| | | |
| | | |

LANGUAGE PROFICIENCY CERTIFICATION

International English Language Testing System (IELTS) Japanese Language Proficiency Test (JLPT)
 Test of English as a Foreign Language (TOEFL) Test of Proficiency in Korean (TOPIC)
 Test of Chinese as Foreign Language (TOCFL) Others: Please Specify _____
 Validity date: _____
 Dialects Spoken: Tagalog Ilocano Ilonggo Bicol Others: _____

VI. WORK EXPERIENCE (Limit the occupation for the last 10 years. Start with the most recent employment)

| NAME OF OFFICE/COMPANY | ADDRESS | POSITION HELD | INCLUSIVE DATES <small>(mm/yyyy to mm/yyyy)</small> | STATUS OF APPOINTMENT |
|------------------------|---------|---------------|--|-----------------------|
| | | | | |
| | | | | |
| | | | | |
| | | | | |

**Status of appointment can be either of the ff.: Permanent, Contractual, Part-time, or Probationary.*

VII. 21st CENTURY SKILLS - Check five (5) skills you possess (self-assessment)

| | | |
|--|---|--|
| <input type="checkbox"/> Innovation | <input type="checkbox"/> Creative Problem Solving | <input type="checkbox"/> Planning and Organizing |
| <input type="checkbox"/> Team Work | <input type="checkbox"/> Problem Solving | <input type="checkbox"/> Social Perceptiveness |
| <input type="checkbox"/> Multitasking | <input type="checkbox"/> Critical Thinking | <input type="checkbox"/> English Functional Skills |
| <input type="checkbox"/> Work Ethics | <input type="checkbox"/> Decision Making | <input type="checkbox"/> English Comprehension |
| <input type="checkbox"/> Self Motivation | <input type="checkbox"/> Stress Tolerance | <input type="checkbox"/> Math Functional Skill |

IX. TECHNICAL SKILLS ACQUIRED WITHOUT FORMAL TRAINING

| | | | |
|--|------------------------------------|---------------------------------------|--|
| <input type="checkbox"/> Carpentry | <input type="checkbox"/> Plumbing | <input type="checkbox"/> Photography | <input type="checkbox"/> Others: _____ |
| <input type="checkbox"/> Masonry | <input type="checkbox"/> Driving | <input type="checkbox"/> Hairdressing | |
| <input type="checkbox"/> Welding | <input type="checkbox"/> Gardening | <input type="checkbox"/> Cooking | |
| <input type="checkbox"/> Auto Mechanic | <input type="checkbox"/> Tailoring | <input type="checkbox"/> Baking | |

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 Skills Registry System, which is maintained in 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? | Assessed by: |
| <input type="checkbox"/> SPES <input type="checkbox"/> GIP <input type="checkbox"/> TUPAD <input type="checkbox"/> JobStart <input type="checkbox"/> Others, specify: _____ | _____ Signature over Printed Name of Assessor |
| | _____ Date |