

NSRP Form 1 October 2014	Republic of the Philippines Department of Labor and Employment NATIONAL SKILLS REGISTRATION PROGRAM REGISTRATION FORM	1 x 1 ID Photo (optional)
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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 sheets if needed. Submit accomplished form to the Public Employment Service Office Manager or Officer in your city/municipality. *optional	Form Control No.:
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I. PERSONAL INFORMATION

SURNAME		FIRST NAME		MIDDLE NAME	
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"/> Seperated <input type="checkbox"/> Others, specify: _____		Barangay		
			Municipality/City		
			Province		
CITIZENSHIP		PERMANENT ADDRESS			
HEIGHT	WEIGHT		House No./Street/Village		
RELIGION*			Barangay		
TIN*			Municipality/City		
GSIS/SSS ID NO.*			Province		
PAG-IBIG NO.*			LANDLINE NUMBER		
PHILHEALTH NO.*			CELLPHONE NUMBER		
EMAIL ADDRESS					
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"/> Wage Employed <input type="checkbox"/> Self Employed		<input type="checkbox"/> Unemployed <input type="checkbox"/> New Entrant/Fresh Graduate <input type="checkbox"/> Retired <input type="checkbox"/> Finished Contract <input type="checkbox"/> Terminated/Laid off (local) <input type="checkbox"/> Resigned <input type="checkbox"/> Terminated/Laid off (abroad) <input type="checkbox"/> Others, specify: _____ Specify country: _____		

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? _____

II. JOB PREFERENCES

PREFERRED OCCUPATION AND INDUSTRY	OCCUPATION		INDUSTRY		
	1. _____				
	2. _____				
	3. _____				
PREFERRED WORK LOCATION	<input type="checkbox"/> Local, specify cities/municipalities:		<input type="checkbox"/> Overseas, specify countries:		With passport?
	1. _____		1. _____		<input type="checkbox"/> Yes <input type="checkbox"/> No
	2. _____		2. _____		Expiry date (mm/dd/yyyy)
	3. _____		3. _____		

III. LANGUAGE PROFICIENCY

LANGUAGE (Yes/No)	READ	WRITE	SPEAK	UNDERSTAND
English				
Filipino				
Others: _____				

IV. EDUCATIONAL BACKGROUND

Currently in school? Yes No

HIGHEST EDUCATIONAL LEVEL No formal education Incomplete high school level College graduate
 Incomplete elementary level High school graduate Technical-vocational graduate
 Elementary graduate Incomplete college level Post graduate

YEAR GRADUATED/LAST ATTENDED (yyyy) _____

SCHOOL/UNIVERSITY _____

COURSE/PROGRAM _____

AWARDS/HONORS RECEIVED _____

V. TECHNICAL/VOCATIONAL AND OTHER TRAINING (Include courses taken as part of college education)

Currently in training? Yes No

TRAINING	DURATION OF COURSE (mm/dd/yyyy to mm/dd/yyyy)	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
				<input type="checkbox"/> Yes <input type="checkbox"/> No

VI. ELIGIBILITY/LICENSE

CAREER SERVICE/BOARD/BAR	LICENSE NUMBER	EXPIRY DATE

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

NAME OF OFFICE/COMPANY	ADDRESS	POSITION HELD	INCLUSIVE DATES (mm/yyyy to mm/yyyy)	STATUS OF APPOINTMENT*

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

VIII. OTHER SKILLS ACQUIRED WITHOUT FORMAL TRAINING

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 Enhanced Phil-JobNet. It is understood that my name shall be made available to employers who may 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: _____

Assesed by: _____
Signature Over Printed Name of Assessor _____ Date _____