

NSRP Form 1.REV 3	Republic of the Philippines Department of Labor and Employment NATIONAL SKILLS REGISTRATION PROGRAM REGISTRATION FORM
--------------------------	--

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"/> Hearing	<input type="checkbox"/> Speech <input type="checkbox"/> Physical	<input type="checkbox"/> Others, specify: _____
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. _____			

II. JOB PREFERENCE

	OCCUPATION (e.g., clerk, call center agent, saleslady)	INDUSTRY (e.g., IT-BPM, Construction, Manufacturing)
PREFERRED OCCUPATION AND INDUSTRY	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			

