PUBLIC EMPLOYMENT SERVICE OFFICE
4th Flr. Civic Center Bldg. A, Quezon City Hall Compound
988-42-42 loc. 8436/8437/8439 qcpeso@gmail.com

EMPLOYMENT APPLICATION FORM

1 x 1
ID Photo
(Optional)

INSTRUCTIONS: Accomplish this form using ball-point pen. Print in block letters and write legibly. Submit accomplished form to the Public Employment Service Office, Quezon City.

1. PERSONAL INFORMATION

_____
Last Name First Name Middle Name Suffix

Complete Address: House No. _____ Street _____ Subdivision/Village _____

Barangay: _____ District _____

Birthdate: (MM/DD/YYYY) _____
Place of Birth: _____
Age: ☐☐ Sex: ☐Male ☐ Female ☐Others

Height: _____ (cm.)
Weight: _____ (kg.)
Religion: _____

Civil Status
☐ Single ☐ Married
☐ Widow ☐ Separated

Contact Information:
Landline: _____
Mobile: _____
Email Address: _____

Employment Status:
☐ Wage Employed
☐ Self Employed
☐ Unemployed
☐ Finished Contract
☐ Resigned
☐ Terminated/Laid off,
☐ Close shop
_____

Work Experience:
Name of last Company/Employer
Name_____
_____
Address_____
_____
Position: _____

Position / Business
Position_____
Nature of Business: _____
If Self Employed: Nature of business or Work
_____
_____

Disability:
☐ Visual
☐ Hearing
☐ Speech
☐ Physical
Others: _____

Languages spoken, read and written at work:
☐ Filipino ☐ Chinese
☐ English ☐ French
☐ Spanish ☐ Arabic
☐ Japanese ☐ Korean
Dialect: _____

2. EDUCATIONAL BACKGROUND

LIST OF SCHOOLS ATTENDED

Level	*Name of School/University*	*Course/Degree/Highest Level Completed*	*Year Graduated*	*Last Attended*
Elementary				
High School				
College				

3. PROFESSIONAL LICENSE / ELIGIBILITY (Includes professional and non-professional driver's licenses)

License Title: _____/_____

Eligibility Title: _____/_____

4. VOCATIONAL/TECHNICAL TRAINING / CERTIFICATE OF COMPETENCE AND RELEVANT EXPERIENCE
(Include programs taken as part of college education, ex. OJT, Internship)

Name of Training/Certificate	*Skills Acquired*	*Rating*	*Period of Training/ Experience (may be expressed in days/weeks/months/years)*

I. ☐ If Overseas Filipino (OF):
Dependent of OF:
☐ Wife/Husband ☐ Parents
☐ Son/Daughter ☐ Brother/Sister

II. Location of OF:
☐ Land – Based
☐ Sea – Based

III. Status/Condition of OF
☐ Already at the jobsite ☐ Willing to go back at work
☐ Vacation ☐ Repatriated
☐ Finished contract
Reason for repatriation:
_____

In case of Emergency,full name of person to be notified: _____ ***Relationship:*** _____
(parent, wife, husband, children etc.)

Available Valid ID: _____ ***ID No.*** _____
(Driver's, passport, company, SSS, brgy. Etc.)

CERTIFICATION/AUTHORIZATION

This is to certify that all the information that I have provided in this form are true to the best of my knowledge. This is also to authorize the Public Employment Service Office (PESO) to include me in the Skills Registry System.

_____ _____
Signature of the Registrant Date

Right Thumb mark