



OFFICE OF THE PROVINCIAL GOVERNOR
PUBLIC EMPLOYMENT SERVICE OFFICE (PESO)
Ground Floor Provincial Capitol Annex Building, Kalibo, Aklan 5600
Tel. No.: (036) 262-4587/E-Mail Address: aklanpeso@yahoo.com

REGISTRY FORM *for Online Application*

Position Desired: _____

PERSONAL DATA

Name: _____	Height: _____	Employment Status (Please Check) <input type="checkbox"/> Employed Wage Employed Self Employed <input type="checkbox"/> Unemployed New Entrant/Fresh Graduate Student Resigned Finished Contract Returning Retired Displaced Worker Terminated/Laid Off
Address: _____	Weight: _____	
Date of Birth: _____	Blood Type: _____	
Place of Birth: _____	Allergy: _____	
Age: _____	Religion: _____	
Gender: Male Female	Contact No.: _____	
Civil Status: Single Married	E-Mail Address: _____	
Widow/Widower Separated		

FAMILY BACKGROUND

	Age	
Father's Name: _____	_____	Occupation: _____
Mother's Name: _____	_____	Occupation: _____
Address: _____		
Name of Spouse: _____		Occupation: _____
Name of Children Sibling/s: _____		Date of Birth: _____
_____		Date of Birth: _____
_____		Date of Birth: _____
_____		Date of Birth: _____
Language/Dialect you can speak and write: _____		
Person to be contacted in Case of Emergency: _____		
Relationship: _____	Age: _____	Contact No.: _____
His/Her Address: _____		

EDUCATIONAL BACKGROUND

	Year Graduated	Scholarship/ Academic Honors/Awards Received
Elementary: _____	_____	_____
High School: _____	_____	_____
Senior High School: _____	_____	_____
Vocational: _____	_____	_____
College: _____	_____	_____
Course: _____	_____	_____
Graduate Studies: _____	_____	_____
Special Skills/Talents: _____	_____	_____

EMPLOYMENT RECORD *(or in a separate sheet of paper)*

From	To	Position	Status	Name of Company/Employer and Address
(Month-Date-Year)	(Month-Date-Year)		(Permanent/Contractual/ Probationary/Part-Time)	
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

TRAININGS AND SEMINARS ATTENDED *(or in a separate sheet of paper)*

Title	Conducted by	Duration (Date From-To)	Special Skills Acquired
_____	_____	_____	_____
_____	_____	_____	_____

PROFESSIONAL LICENSE/ELIGIBILITIES/CERTIFICATE OF COMPETENCIES

Title	Rating	Issued by	Date Taken/Valid Until
_____	_____	_____	_____
_____	_____	_____	_____

CHARACTER REFERENCES

Name	Occupation	Address
_____	_____	_____
_____	_____	_____

Preferred work location?	Local	Overseas, Pls. specify _____
Are you among the 4Ps?	Yes	No
Are you a PWD?	Yes	No If Yes, Pls. specify _____

PhilHealth No.: _____
SSS No.: _____
Passport No.: _____
Place of Issue: _____
Date of Issue: _____

I hereby certify that the information herein given by me are true, correct and complete which may authorize the NSRS/PEIS maintained in the PHIL-JOB.NET System.

Sgd. _____
Printed Name _____
Date Accomplished _____