NSRP Reg Form 2 Revised September 2017

Republic of the Philippines Department of Labor and Employment NATIONAL SKILLS REGISTRATION PROGRAM

Establishment 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.

| I. ESTABLISHMENT DETAILS | | | |
|---|---|--|--|
| Establishment Name: | | | |
| Acronym/Abbreviation: | | | |
| | | | |
| Tax Identification | Number: | | |
| Employer type: | □ Government □ Private | | |
| (check only 1) | □ Recruitment & Placement Agency (Local) □ Licensed Recruitment Agency (Overseas) | | |
| | □ DO 174-17, Subcontractor | | |
| Total Work Force: | □ Micro (1-9) □ Small (10-99) □ Medium (100-199) □ Large (200 and up) | | |
| Line of Business/Industry (check BIR 2303): | | | |
| Address: | | | |
| Barangay: | | | |
| City/Municipality: | | | |
| Province: | | | |
| II. ESTABLISHMENT CONTACT DETAILS | | | |
| Title: 🗆 Mr. 🗆 | □ Ms. □ Miss □ Others (please specify): | | |
| Contact Person (Full name): | | | |
| Position: | | | |
| Telephone No: | | | |
| Mobile No: | | | |
| Fax No: | | | |
| Email Address: | | | |

| III. VACANCY DETAILS | | | |
|---|--|--|--|
| Position Title: | | | |
| Job Description: | Nature of Work: Permanent Internship / OJT Contractual Part-time Project-based Work from home / online job | | |
| | Place of Work: | | |
| | Salary: | | |
| | Vacancy Count: | | |
| IV. QUALIFICATION REQUIREMENTS | | | |
| Work Experience (month/s): | Religion: | | |
| Sex: Male Female No Preference Other qualifications: | Civil Status: Single Married No Preference | | |
| Accepts Disability: Yes No If "yes": Physical Others (please specify) | | | |
| Educational Level: | Course/major: | | |
| License: E | Eligibility: | | |
| Certification: | Language/dialect Spoken: | | |
| Preferred Residence: | | | |
| Accepts: | | | |
| V. POSTING DETAILS | | | |
| Posting Date (mm/dd/year): | | | |
| Valid Until (mm/dd/year): | | | |
| | | | |
| 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 authorized the DOLE to include the establishment profile in the PESO Employment Information System (PEIS). It is understood that the establishment profile and contact details shall be made available to the jobseekers, PESOs, DOLE Regional Offices and Filed Offices, Bureau of Local Employment and others who have acess to the PEIS. I am also aware that DOLE is not obliged to seek applicants on our behalf. | | | |
| Signature over printed name of Authorized Representative Date | | | |
| FOR USE OF PESO ONLY. PLEASE DO NOT WRITE BELOW THIS DOTTED LINE. | | | |
| Assesed by: | Encoded by: | | |
| Signature over Printed Name of Encoder Date | Signature over Printed Name of Assessor Date | | |