



REPUBLIC OF THE PHILIPPINES
DEPARTMENT OF LABOR AND EMPLOYMENT
 REGIONAL OFFICE ____



ADJUSTMENT MEASURES PROGRAM FOR AFFECTED WORKERS DUE TO THE REHABILITATION OF BORACAY ISLAND

BEEP AMP APPLICATION FORM

THIS FORM IS NOT FOR SALE AND CAN BE REPRODUCED. PLEASE READ THE INSTRUCTIONS AT THE BACK BEFORE ACCOMPLISHING. PRINT ALL INFORMATION IN CAPITAL LETTERS AND USE BLACK OR BLUE INK ONLY. WRITE "N/A" IF NOT APPLICABLE.

REFERENCE NUMBER									

DBA FORM A (24 May2018)

A. APPLICANT INFORMATION					
NAME (FIRST NAME) _____ (MIDDLE NAME) _____ (LAST NAME) _____ (SUFFIX) _____				GENDER <input type="checkbox"/> Male <input type="checkbox"/> Female	
DATE OF BIRTH (MM/DD/YYYY) _ _ / _ _ / _ _ _ _	AGE _	PLACE OF BIRTH (CITY/MUNICIPALITY) _ _ _ _ _	(PROVINCE) _ _ _	(COUNTRY) _ _	
CIVIL STATUS _ _	NATIONALITY _ _ _ _	TELEPHONE NUMBER _ _ _ _ _ _ _	MOBILE NUMBER _ _ _ _ _ _	EMAIL ADDRESS _ _ _ _ _ _ _ _ _ _ _ _	
PERMANENT ADDRESS (RM./FLR./UNIT NO. & BLDG. NAME) _ _ _ _ _ _ _ _ _ _ _ _		(HOUSE/LOT & BLK. NO.) _ _ _ _	(STREET NAME) _ _ _ _ _ _ _ _ _ _	(SUBDIVISION/VILLAGE) _ _ _ _ _ _ _ _ _ _	
(BARANGAY/DISTRICT) _ _ _ _ _	(CITY/MUNICIPALITY) _ _ _ _ _ _ _	(PROVINCE) _ _ _	ZIP CODE _ _ _ _	COUNTRY _ _	
HAVE YOU REGISTERED IN ANY OF THE DOLE/PESO OFFICES? <input type="checkbox"/> NO <input type="checkbox"/> YES (IF YES, SPECIFY OFFICE, ADDRESS, AND DATE OF REGISTRATION) _____			ARE YOU A PERSON WITH DISABILITY? <input type="checkbox"/> NO <input type="checkbox"/> YES (IF YES, SPECIFY TYPE OF DISABILITY) _____		
B. EDUCATIONAL BACKGROUND					
LEVEL	NAME OF SCHOOL	COURSE	DATE (FROM)	DATE (TO)	HONORS/AWARDS
ELEMENTARY					
SECONDARY					
VOCATIONAL					
COLLEGE					
GRADUATE STUDIES					
C. ELIGIBILITY					
ELIGIBILITY/LICENSES			LICENSE NUMBER	EXPIRY DATE	
D. TRAININGS ATTENDED (START WITH MOST RECENT)					
TITLE		INCLUSIVE DATES	NUMBER OF HOURS	CONDUCTED/SPONSORED BY	
E. EMPLOYMENT INFORMATION					
STATUS <input type="checkbox"/> Displaced <input type="checkbox"/> Suspended <input type="checkbox"/> Retained without regular wage					
LAST EMPLOYER		EMPLOYER'S ADDRESS		SALARY (MONTHLY)	
F. TECHNICAL/VOCATIONAL SKILLS					
<input type="checkbox"/> AUTO MECHANIC	<input type="checkbox"/> CARPENTRY	<input type="checkbox"/> COOKING	<input type="checkbox"/> DRIVING	<input type="checkbox"/> GARDENING	<input type="checkbox"/> HAIRDRESSING
<input type="checkbox"/> MASONRY	<input type="checkbox"/> PHOTOGRAPHY	<input type="checkbox"/> PLUMBING	<input type="checkbox"/> TAILORING	<input type="checkbox"/> WELDING	<input type="checkbox"/> OTHERS: _____

"Notwithstanding the confidentiality of the data that I have supplied herein, I hereby give my consent that the same be secured and accessed for subsequent validation, verification, and other purposes consistent with the objectives of this application. I have full knowledge and agree that the cause of my temporary or permanent separation from employment is the issuance of Proclamation No.475, hence this application. I further affirm that by affixing my signature on this form, all statements/data appearing in this form are true, correct and complete to the best of my knowledge and belief."

SIGNATURE OF APPLICANT

DATE

APPLICATION SUBMITTED TO:

- DOLE Regional Office _____ DOLE RO __ – Field Office _____ BEEP Operations Center-DOLE Satellite Desk

INSTRUCTIONS FOR APPLICATION

1. This form shall be used in applying for BEEP AMP.
2. Fill out this form in one (1) copy without erasures and alterations.
3. Place a checkmark on the application box.
4. Always indicate "N/A" or "Not Applicable", if the required information is not applicable.
5. This form shall be submitted with the following documentary requirements:
 - a. Photocopy of Certificate of Employment;
 - b. Photocopy of any government-issued ID; and
 - c. Land Bank of the Philippines Account.
6. Applications with complete documentary requirements shall be submitted personally to the BEEP Operations Center-DOLE Satellite Desk, DOLE Regional Office VI or any of its Field Offices. For affected workers who have gone back to their hometown, applications shall be submitted to the nearest DOLE Regional/Field/Satellite Offices. Applications received by the Field/Satellite Offices shall be forwarded to the concerned DOLE Regional Office within two (2) working days from receipt thereof.
7. All applications will be evaluated within 3 to 5 working days from receipt of complete requirements. Applicants will be notified on the status of application within 3 working days after evaluation.
8. Approved applicants will receive a Notice of Approval.
9. Approved applications submitted within the fifth day of the reference month shall receive the first tranche of their Financial Support directly to the beneficiary's Land Bank of the Philippines account at the end of the reference month. Applications submitted beyond the fifth day of the reference month will receive the first tranche of the Financial Support on the next schedule of release the following month.