



SPES Form 2

REPUBLIC OF THE PHILIPPINES
DEPARTMENT OF LABOR AND EMPLOYMENT
Regional Office No. _____
PUBLIC EMPLOYMENT SERVICE OFFICE



City/Municipality/Province _____
SPECIAL PROGRAM FOR EMPLOYMENT OF STUDENTS (SPES)
(RA 7323, as amended by RA 9547)

Control No. _____

SURNAME FIRST NAME, MIDDLE NAME			GENDER <input type="radio"/> Male <input type="radio"/> Female <input type="radio"/> Student <input type="radio"/> OSY		CIVIL STATUS <input type="radio"/> Single <input type="radio"/> Married <input type="radio"/> Widower <input type="radio"/> Separated		Passport Size Picture (3.5cm x 4.5 cm)
Date of Birth: (mm/dd/yyyy)		Place of Birth:		Citizenship:			
Address:				Contact No.			
Name of Father:			Mother's Maiden Name				
Occupation:			Occupation				
EDUCATION	NAME OF SCHOOL		DEGREE EARNED/COURSE	YEAR/LEVEL	INCLUSIVE DATE OF ATTENDANCE		
Secondary							
Tertiary							
Technical/ Vocational							
Documentary Requirements: (Original and other documents, when applicable, should be presented for validation)							
<input type="checkbox"/> 1. Copy of Birth Certificate or any document that shows his/her date of birth <input type="checkbox"/> 2. Certification by the School Registrar as to: <input type="checkbox"/> a) his/her last enrollment; and <input type="checkbox"/> b) his/her average passing grade or a copy of the original class card or Form 138 <input type="checkbox"/> 3. Copy of the latest Income Tax Return (ITR) of his/her parents or certification issued by BIR that the parents are exempted from payment of tax or Certificate of Indigency issued by the Barangay where the SPES applicant resides; and <input type="checkbox"/> 4. For Out of School Youth (OSY), certificate of good moral character issued by DSWD or the authorized Barangay Official where the OSY resides.							
SPECIAL SKILLS:							
HISTORY of SPES Availment (if applicable)			YEAR		SPES ID NO. (if applicable)		
<input type="checkbox"/> 1 st Availment							
<input type="checkbox"/> 2 nd Availment							
<input type="checkbox"/> 3 rd Availment							
<input type="checkbox"/> 4 th Availment							
Other related information/ requests/ interventions from DOLE:							
<p><i>I hereby attest that the information above are true and correct to the best of my knowledge, including the attached documents /requirements which I also attest as to their veracity. I agree that any false statement would cause the automatic disqualification/ cancellation of the service/ contract/ grant and I shall refund amount received and/or pay damages to DOLE or comply with other sanctions in accordance with law. Any material change in my financial status may affect my eligibility to continue the program.</i></p> <p style="text-align: right;">_____ Signature of Applicant</p>							