

**NSRP Form 2
September 2020**

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

INSTRUCTIONS: Please fill out the form legibly in block letters with a ballpoint pen. 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 Officer in your city/municipality.

I. ESTABLISHMENT DETAILS

Business Name:

Trade Name:

Acronym/Abbreviation:

- Main office
 Branch

Tax Identification Number:

- Employer type:**
- | | |
|--|--|
| <input type="checkbox"/> Public | <input type="checkbox"/> Private |
| <input type="checkbox"/> National Government Agency | <input type="checkbox"/> Direct Hire |
| <input type="checkbox"/> Local Government Unit | <input type="checkbox"/> Local Recruitment Agency |
| <input type="checkbox"/> Government-owned and Controlled Corporation | <input type="checkbox"/> Overseas Recruitment Agency |
| <input type="checkbox"/> State/Local University or College | <input type="checkbox"/> D.O. 174 |

Total Work Force: Micro (1-9) Small (10-99) Medium (100-199) Large (200 and up)

Line of Business/Industry (check BIR 2303):

Street/Village:

Barangay:

Municipal/City:

Province

II. ESTABLISHMENT CONTACT DETAILS

Name of Owner/President (Full Name):

Contact Person (Full Name):

Position:

Telephone Number:

Mobile Number:

Fax Number:

E-mail Address:

III. VACANCY DETAILS

Position Title:	
Job Description:	Nature of Work: <input type="checkbox"/> Permanent <input type="checkbox"/> Internship / OJT <input type="checkbox"/> Contractual <input type="checkbox"/> Part-time <input type="checkbox"/> Project-based <input type="checkbox"/> Work from home / online job
	Place of Work:
	Salary:
	Vacancy Count:

IV. QUALIFICATION REQUIREMENTS

Work Experience (month/s):	
Other qualifications:	
Accepts persons with disabilities (PWD): <input type="checkbox"/> Yes <input type="checkbox"/> No	
If "yes": <input type="checkbox"/> Visual <input type="checkbox"/> Hearing <input type="checkbox"/> Speech <input type="checkbox"/> Others (please specify) _____ <input type="checkbox"/> Physical <input type="checkbox"/> Mental	
Accepts returning OFWs: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Educational Level:	Course/SHS Strand:
License:	Eligibility:
Certification:	Language/dialect Spoken:

V. POSTING DETAILS

Posting Date (mm/dd/year):
Valid Until (mm/dd/year):

CERTIFICATION/AUTHORIZATION			
<p>This is to certify that all data/information provided in this form are true to the best of my knowledge. This is also to authorize the DOLE to include our profile in the PESO Employment Information System (PEIS). It is understood that relevant information provided shall be made available to those who have access to PEIS. I am also aware that DOLE is not obliged to seek applicants on our behalf.</p>			
<p>_____</p> <p>Signature over printed name of Authorized Representative</p>		<p>_____</p> <p>Date</p>	
FOR USE OF PESO ONLY. PLEASE DO NOT WRITE BELOW THIS DOTTED LINE.			
Assesed by:		Encoded by:	
<p>_____</p> <p>Signature over Printed Name of Encoder</p>		<p>_____</p> <p>Signature over Printed Name of Assessor</p>	
<p>_____</p> <p>Date</p>		<p>_____</p> <p>Date</p>	