



REPUBLIC OF THE PHILIPPINES
DEPARTMENT OF LABOR AND EMPLOYMENT
Regional Office No. 1
PUBLIC EMPLOYMENT SERVICE OFFICE



City/Municipality/Province _____

SPECIAL PROGRAM FOR EMPLOYMENT OF STUDENTS (SPES)
(RA 7323, as amended by RA 9547)

QF-QSP-01A-40B
REV 2 06/08/2016



APPLICATION FORM

Control No. _____

SURNAME		FIRST NAME		MIDDLE NAME		GENDER		CIVIL STATUS		Passport Size Picture (3.5cm x 4.5 cm)	
						<input type="radio"/> Male <input type="radio"/> Female <input type="radio"/> Student <input type="radio"/> OSY		<input type="radio"/> Single <input type="radio"/> Married <input type="radio"/> Widower <input type="radio"/> Separated			
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 the authorized Barangay Official where the OSY resides. <input type="checkbox"/> 5. For dependents of displaced or would-be displaced worker, Certification from the RO of closure of establishment where the dependents' parents work.											
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>											
										Signature of Applicant	