**REPUBLIC OF THE PHILIPPINES**

**Department of Labor and Employment**

**REGIONAL OFFICE NO. \_\_\_\_\_\_\_\_**

**Public Employment Service Office**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**SPECIAL PROGRAM FOR EMPLOYMENT OF STUDENTS**

**(RA 7323, as amended by RAs 9547 and 10917)**

**SPES Form 2-A**

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**OATH OF UNDERTAKING**

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, \_\_\_\_\_\_\_ years of age, resident of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, as a SPES beneficiary, do hereby agree and undertake to abide and be bound by the following conditions:

1. That I will enroll in any educational or technical vocational (tech-voc) institution to pursue and continue my studies;
2. That in the event that I would not be able to enroll, I will inform the DOLE Regional Office, through the Field or Provincial Office concerned, and submit a letter narrating and explaining the reason/s for not being able to enroll;
3. That anytime, during and after my employment period, I vow to respect the implementers of SPES, and will not use any profane or disrespectful language/s to any PESO or DOLE staff and/or personnel relative to the program as beneficiary; and
4. That any deviation of my oath and any fraud or dishonesty in any or all of my declaration in my application shall be a ground for my disqualification in the future availment of SPES.

Signed this \_\_\_\_\_\_\_\_\_ day of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, 20\_\_\_\_\_\_\_\_, in the City/Municipality of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

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**SPES Beneficiary**

**Witnessed by**: **Noted by:**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PESO Manager/staff (DOLE-RO staff name and position)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date Date