

DOLE REGIONAL OFFICE _____

GOVERNMENT INTERNSHIP PROGRAM (GIP)
APPLICATION FORM**INSTRUCTION TO APPLICANTS:**

Please fill-out all the required information in this form and attach additional documents, where necessary.

1. NAME OF APPLICANT:

Family Name First Name Middle Name

2. RESIDENTIAL ADDRESS:ATTACH 2x2 PHOTO WITH NAME AND
SIGNATURE TAKEN WITHIN THE LAST THREE
(3) MONTHS

Telephone No.:

Mobile Number:

E-mail Address:

3. PLACE OF BIRTH (city/province)**4. DATE OF BIRTH (mm/dd/yyyy)** / /**5. GENDER** Male Female**6. CIVIL STATUS** Single Married Widow/Widower**7. EDUCATIONAL ATTAINMENT**

NAME OF SCHOOL	INCLUSIVE DATES		DEGREE OR DIPLOMA
	From	To	

CERTIFICATION: I certify that all information given in this application are complete and accurate to the best of my knowledge. I acknowledge that I have completely read and understood the DOLE-GIP Guidelines as embodied in Administrative Order No. ____, Series of 2013.

DATE

SIGNATURE OF APPLICANT

FOR DOLE-RO/FO Use only

Interviewed and validated by:

NAME and SIGNATURE/Position

DATE

Documents Received:

- Transcript of Records
 Barangay Certification

Endorsed by:_____
District/Partylist Representative, where applicable