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**REPUBLIC OF THE PHILIPPINES**

**DEPARTMENT OF LABOR AND EMPLOYMENT**

**Regional Office No. 12**

**PUBLIC EMPLOYMENT SERVICE OFFICE**

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

**City/Municipality/Province**

**SPECIAL PROGRAM FOR EMPLOYMENT OF STUDENTS**

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

**APPLICATION FORM**

**SPES Form 2**

**Control No.: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **SURNAME FIRST NAME MIDDLE NAME** | | | | | **GSIS BENEFICIARY/RELATIONSHIP** | | | | | | | Passport Size Picture  (3.5cm x 4.5 cm) | |
| **DATE OF BIRTH: (mm/dd/yyyy)** | | **PLACE OF BIRTH:** | | | | | | | **CITIZENSHIP:** | | |
| **CONTACT DETAILS/CELPHONE NO.:** | | | **EMAIL ADDRESS:** | | | | | | | | |
| **SOCIAL MEDIA ACCOUNT *(FACEBOOK, TWITTER, INSTAGRAM, ETC.)*** | | | | | | | | | | | |
| **STATUS**  ❑ Single ❑ Married ❑ Widow/er ❑ Separated | | | | **SEX**  ❑ Male ❑ Female | | | ❑Student ❑ ALS student  ❑ out-of-school (OSY) | | | | |
| **CURRENT STATUS OF PARENTS:** ❑ **Living together** ❑ **Solo Parent** ❑ **Separated** ❑ **Person With Disability** ❑ **Senior Citizen**  ❑ **Sugar Plantation Worker** ❑ **Indigenous People** ❑ **Displaced Worker** (1) ❑ **Local** (2) ❑ **OFW** | | | | | | | | | | | | | |
| **PRESENT ADDRESS:** | | | | | | | | | | | | | |
| **PERMANENT ADDRESS:** | | | | | | | | | | | | | |
| **FATHER’S NAME /CONTACT NO.:** | | | | | | **MOTHER’S MAIDEN NAME/CONTACT NO.:** | | | | | | | |
| **OCCUPATION:** | | | | | | **OCCUPATION:** | | | | | | | |
| **EDUCATION** | **NAME OF SCHOOL** | | | | | **DEGREE EARNED/COURSE** | | | | **YEAR/LEVEL** | | | **DATE OF ATTENDANCE** |
| Elementary |  | | | | |  | | | |  | | |  |
| Secondary |  | | | | |  | | | | \*\*Senior High | | |  |
| Tertiary |  | | | | |  | | | |  | | |  |
| Tech-Voc |  | | | | |  | | | |  | | |  |
| **DOCUMENTARY REQUIREMENTS:**  (Original and other documents, when applicable, should be presented for validation)  [ ] 1) Photocopy of Birth Certificate or any document indicating date of birth or age (age must be 15-30)  [ ] 2) Photocopy of the latest Income Tax Return (ITR) of parents/legal guardian **OR** certification issued by BIR that the  Parents/guardians are exempted from payment of tax **OR** original Certificate of Indigence **OR** original Certificate  of Low Income issued by the Barangay or DSWD/CSWD where the applicant resides; and  [ ] 3) **For students**, any of the following, in addition to requirements no. 1 and 2:  [ ] a) Photocopy of proof of average passing grade such as (1) class card or (2) Form 138 of the previous semester  or year immediately preceding the application; **OR**  [ ] b) Original copy of Certification by the School Registrar as to passing grade immediately preceding  semester/year if grades are not yet available  [ ] 4) **For Out of School Youth (OSY),** original copy of Certification as OSY issued by DSWD/CSWD or the authorized  Barangay Official where the OSY resides, in addition to requirements no. 1 and 2. | | | | | | | | | | | | | |
| **SPECIAL SKILLS:** | | | | | | | | | | | | | |
| **HISTORY of**  **SPES Availment/ Name of Establishment** | | | | | | | | **YEAR** | | | **SPES ID NO.** (if applicable) | | |
| [ ] 1stAvailment | | | | | | | |  | | |  | | |
| [ ] 2ndAvailment | | | | | | | |  | | |  | | |
| [ ] 3rdAvailment | | | | | | | |  | | |  | | |
| [ ] 4thAvailment | | | | | | | |  | | |  | | |
| **Other related information/ requests/ interventions from DOLE:** | | | | | | | | | | | | | |
| *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.*  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Signature of Applicant | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | |