



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



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

Control No. _____

			GENDER	CIVIL STATUS		<input type="radio"/> Student <input type="radio"/> OSY
SURNAME	FIRST NAME,	MIDDLE NAME	<input type="radio"/> Male <input type="radio"/> Female	<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:			Name of Mother:			
Occupation:			Occupation			
EDUCATION	NAME OF SCHOOL		DEGREE EARNED/COURSE	NO. OF UNITS COMPLETED COURSE/TITLE	INCLUSIVE DATE OF ATTENDANCE	
Secondary						
Tertiary						
Technical/ Vocational						

Documentary Requirements:
(Original and other documents, when applicable, should be presented for validation)

- [] 1. Duly accomplished SPES Application Form;
- [] 2. Copy of Birth Certificate or any document that shows his/her date of birth
- [] 3. Certification by the School Registrar as to:
 - [] a) his/her last enrollment; and
 - [] b) his/her average passing grade or a copy of the original class card or Form 138
- [] 4. 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
- [] 5. For Out of School Youth (OSY), certificate of good moral character issued by the authorized Barangay Official where the OSY resides.

SPECIAL SKILLS:

HISTORY of SPES Availment (if applicable)	YEAR	SPES ID NO. (if applicable)
[] 1 st Availment		
[] 2 nd Availment		
[] 3 rd Availment		
[] 4 th Availment		

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