



April 23, 2018

DIVISION MEMORANDUM
NO 102, s. 2018

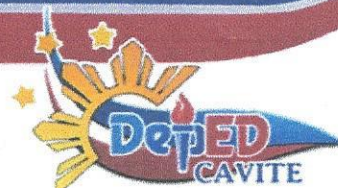
SENIOR HIGH SCHOOL JOB FAIR 2018

To : OIC- Assistant Schools Division Superintendent
Chiefs, CID and SGOD
Education Program Supervisors
Public Schools District Supervisors
Public and Private Senior High School Heads
All concerned

1. This Office, in cooperation with the Provincial Government of Cavite, through the Provincial Public Employment Services Offices (PPESO), will conduct a **one-day Division Senior High School Job Fair** on **May 10, 2018, 9:00 a.m. to 3:00 p.m.**, at the **Provincial Gymnasium, Trece Martires City, Cavite**.
2. The Fair aims to:
 - a. offer opportunities to K to 12 graduates who chose employment as their curriculum exit, and;
 - b. assist in the proper job placement of the K to 12 graduates
3. All graduates of the K to 12 curriculum (SY 2017-2018) from DepEd Cavite public schools are invited to attend this activity.
4. Interested participants are expected to accomplish and submit the attached forms (Provincial Public Employment Service Office (PPESO) Client's Registration Form and Department of Labor and Employment National Manpower Registry Registration Form) **until April 30, 2018, Monday**.
5. They must also create an account in <https://philjobnet.gov.ph/> and submit a printscreen of their created account as seen in the attached file (third photo). This shall be submitted along with the PPESO and DOLE registration forms.
6. The three (3) documents shall be submitted to Ms. Rey Ann M. Maramag or Ms. Marlene M. Panganiban at the Division Office, DepEd Compound Trece Martires City, Cavite.
7. Participants are also expected to be in their corporate or semi-corporate bring the following upon joining the Fair.
 - a. Resumes/ Curriculum Vitae
 - b. Residence Certificate (Cedula)
 - c. Bgy. Clearance (purpose is for local employment)
 - d. PSA/ NSO-authenticated birth certificate
 - e. Valid Identification Card (Student ID may do)
 - f. Accomplished PhilHealth Membership Form (see attachment)
 - g. 1 x 1 photos



Republic of the Philippines
Department of Education
Region IV-A (CALABARZON)
Division of Cavite
Trece Martires City, Cavite



8. Interested **K to 12 graduates of private schools** are also invited to join as walk-in participants. They must also prepare and comply the necessary requirements. For private schools participants, submit all pertinent documents to Mr. Jay Fulvadora until **April 30, 2018, Monday**.
9. An **entrepreneurial orientation** will also be held at the Provincial Capitol's ceremonial hall on the same day, from 4:00 until 5:00 p.m. This shall be open to all interested but limited number of walk-in participants.
10. For more information, contact the Division Office at telephone number 419-1286 or visit the Office at the above mentioned address.
11. Immediate dissemination of this Memorandum is highly desired.

by: ELIAS A. ALICAYA, JR. Ed.D.
OIC-Assistant Schools Division Superintendent

for **CHERRYLOU D. DE MESA**
Schools Division Superintendent */sm*

/mm



REGISTRATION FORM

Name:																																																							
(Last Name)										(First Name)										(Middle Name)																																			
Address:																																																							
(Bk/St/Bldg Name)												(City/Municipality)												(Province)																															
Telephone No.: ()												Email Address:												TIN:																															
Date of Birth:												Place of Birth:												Age:																															
Sex: <input type="checkbox"/> Female <input type="checkbox"/> Male												Religion:												Weight: Height:																															
Civil Status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Widow/Widower <input type="checkbox"/> Separated												Employment status: <input type="checkbox"/> Employed <input type="checkbox"/> Unemployed <input type="checkbox"/> Displaced Worker <input type="checkbox"/> Resigned/Retired <input type="checkbox"/> Returning OFW												Language/Dialects Spoken: <input type="checkbox"/> English <input type="checkbox"/> Filipino <input type="checkbox"/> Spanish <input type="checkbox"/> Japanese <input type="checkbox"/> French <input type="checkbox"/> German <input type="checkbox"/> Others _____												JOB PREFERENCES: Wage Employment <input type="checkbox"/> Overseas <input type="checkbox"/> Local Preferred Positions _____																			
Disabilities: <input type="checkbox"/> Visual impairment <input type="checkbox"/> Hearing Impairment												<input type="checkbox"/> Orthopedic Impairment <input type="checkbox"/> Speech Impairment <input type="checkbox"/> Motor Disability												ASSISTANCE NEEDED: <input type="checkbox"/> Training on Entrepreneurship/Livelihood <input type="checkbox"/> Business Counseling <input type="checkbox"/> Others _____																															
* Work Experience: Start with the present job or most recent one																																																							
<table><tr><th>Position/Occupation</th><th>Inclusive Date FROM (month/year)</th><th>TO (month/year)</th><th>Compay Name</th><th>Address</th></tr><tr><td>_____</td><td>_____</td><td>_____</td><td>_____</td><td>_____</td></tr><tr><td>_____</td><td>_____</td><td>_____</td><td>_____</td><td>_____</td></tr><tr><td>_____</td><td>_____</td><td>_____</td><td>_____</td><td>_____</td></tr></table>																																				Position/Occupation	Inclusive Date FROM (month/year)	TO (month/year)	Compay Name	Address	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
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* Skills/Competencies: Indicate specific skills or competencies acquired through training and work experience.																																																							
<table><tr><th>Trade/Occupation</th><th>Specialization/Expertise</th><th>Years of Experience</th><th>Machine/Equipment Used</th></tr><tr><td>_____</td><td>_____</td><td>_____</td><td>_____</td></tr><tr><td>_____</td><td>_____</td><td>_____</td><td>_____</td></tr><tr><td>_____</td><td>_____</td><td>_____</td><td>_____</td></tr></table>																																				Trade/Occupation	Specialization/Expertise	Years of Experience	Machine/Equipment Used	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____				
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* Training Attended: List relevant courses taken in government/private training institutions & given appropriate certificates of completion and/or attendance.																																																							
<table><tr><th>Title</th><th>Conducted by (Institution)</th><th>Duration (No. of Hours)</th><th>Specific Skills Acquired</th></tr><tr><td>_____</td><td>_____</td><td>_____</td><td>_____</td></tr><tr><td>_____</td><td>_____</td><td>_____</td><td>_____</td></tr><tr><td>_____</td><td>_____</td><td>_____</td><td>_____</td></tr></table>																																				Title	Conducted by (Institution)	Duration (No. of Hours)	Specific Skills Acquired	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____				
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* Professional Licenses: Any special license granted by any Professional Regulatory Board under the Professional Regulation Commission (PRC) or the Air Transportation Office (ATO), Land Transportation Office (LTO) and any other licenses issued by competent authorities.																																																							
License Title _____ _____ _____																																																							
* Certificates of Competence/Eligibilities: Certificates of competence given and conferred by any authorized body recognized by the government or issued by industry (e.g. Computer Programmer certified by TESDA)																																																							
<table><tr><th>Certificate/s</th><th>Issued By</th><th>Date Issued</th></tr><tr><td>_____</td><td>_____</td><td>_____</td></tr><tr><td>_____</td><td>_____</td><td>_____</td></tr><tr><td>_____</td><td>_____</td><td>_____</td></tr></table>																																				Certificate/s	Issued By	Date Issued	_____	_____	_____	_____	_____	_____	_____	_____	_____								
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Highest Educational Attainment: Highest grade completed/education level.																																																							
<table><tr><th>Education Level</th><th>Course/Major</th><th>School/University</th><th>Year Graduated/ Year Last Attended</th><th>Honors Received</th></tr><tr><td>_____</td><td>_____</td><td>_____</td><td>_____</td><td>_____</td></tr><tr><td>_____</td><td>_____</td><td>_____</td><td>_____</td><td>_____</td></tr><tr><td>_____</td><td>_____</td><td>_____</td><td>_____</td><td>_____</td></tr></table>																																				Education Level	Course/Major	School/University	Year Graduated/ Year Last Attended	Honors Received	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
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(For Sea-based Workers) Onboard Experience or Land-Based Experience Related to Seamanship.																																																							
<table><tr><th>Position</th><th>Agency/Company</th><th>Vessel</th><th>Type/Tonnage</th><th>Date of Service</th></tr><tr><td>_____</td><td>_____</td><td>_____</td><td>_____</td><td>_____</td></tr><tr><td>_____</td><td>_____</td><td>_____</td><td>_____</td><td>_____</td></tr><tr><td>_____</td><td>_____</td><td>_____</td><td>_____</td><td>_____</td></tr></table>																																				Position	Agency/Company	Vessel	Type/Tonnage	Date of Service	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
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_____	_____	_____	_____	_____																																																			
_____	_____	_____	_____	_____																																																			

I hereby certify that the information herein given by me are complete, true and correct.

Date Accomplished

Signature

* Use separate sheet if necessary.



PhilHealth Identification Number (PIN)

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IMPORTANT REMINDERS:

1. Your PhilHealth Identification Number (PIN) is your unique and permanent number.
2. The issuance of the PIN does not automatically qualify you or your dependents to be entitled to NHIP benefits.
3. Always use your PIN in all transactions with PhilHealth.

Please carefully read instructions at the back before accomplishing this form.

PURPOSE:

☐ FOR ENROLLMENT ☐ FOR UPDATING

1. MEMBER INFORMATION																							
Last Name		First Name		Name Extension (JR/SR/III)		Middle Name																	
If Married Female, please write FULL MAIDEN NAME:																							
Last Name		First Name		Name Extension (JR/SR/III)		Middle Name																	
Date of Birth (mm-dd-yyyy)	Place of Birth (City/Municipality/Province)		Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	Civil Status <input type="checkbox"/> Single <input type="checkbox"/> Widow(er) <input type="checkbox"/> Married <input type="checkbox"/> Legally Separated		Nationality	Tax Identification No.(TIN)																
Permanent Address																							
Unit/Room No./Floor		Building Name		Lot/Block/House/Bldg. No.		Street	Subdivision/Village																
Barangay		City/Municipality		Province		Country	Zip Code																
Contact Information																							
Landline Number (Area Code + Tel. No.)			Mobile Number		E-mail Address																		
2. DECLARATION OF DEPENDENTS (Use separate sheet if necessary)																							
2.1 Legal Spouse																							
PhilHealth Identification Number (PIN)	Last Name	First Name	Name Extension (JR/SR/III)	Middle Name	Date of Birth mm-dd-yyyy	Sex M / F																	
2.2 Children below 21 years old (unmarried & unemployed) and/or Children 21 years old and above with permanent disability																							
PhilHealth Identification Number (PIN)	Last Name	First Name	Name Extension (JR/SR/III)	Middle Name	Mark <input type="checkbox"/> if with Disability	Date of Birth mm-dd-yyyy	Sex M / F																
					<input type="checkbox"/>																		
					<input type="checkbox"/>																		
					<input type="checkbox"/>																		
2.3 Parents' Details																							
PhilHealth Identification Number (PIN)	Father's Last Name	Father's First Name	Name Extension (JR/SR/III)	Father's Middle Name	Mark <input type="checkbox"/> if with Permanent Disability	Date of Birth (mm-dd-yyyy)																	
					<input type="checkbox"/>																		
PhilHealth Identification Number (PIN)	Mother's Last Name	Mother's First Name	Name Extension (JR/SR/III)	Mother's Full Middle Name	Mark <input type="checkbox"/> if with Permanent Disability	Date of Birth (mm-dd-yyyy)																	
					<input type="checkbox"/>																		
3. MEMBERSHIP CATEGORY																							
3.1 Formal Economy <input type="checkbox"/> Private <input type="checkbox"/> Government <input type="checkbox"/> Permanent/Regular <input type="checkbox"/> Casual <input type="checkbox"/> Contractor/Project-Based <input type="checkbox"/> Enterprise Owner <input type="checkbox"/> Household Help / Kasambahay <input type="checkbox"/> Family Driver				3.3 Indigent <input type="checkbox"/> NHTS-PR																			
3.2 Informal Economy <input type="checkbox"/> Migrant Worker <input type="checkbox"/> Land Based <input type="checkbox"/> Sea Based <input type="checkbox"/> Informal Sector (e.g. Market Vendor, Street Hawker, Pedicab/Tricycle Driver, etc.) (Please specify): _____ Estimated Monthly Income: Php _____ <input type="checkbox"/> No Income <input type="checkbox"/> Self-Earning Individual (e.g. Doctors, Lawyers, Engineers, Artists, etc.) (Please specify): _____ Estimated Monthly Income: Php _____ <input type="checkbox"/> Filipino with Dual Citizenship <input type="checkbox"/> Naturalized Filipino Citizen <input type="checkbox"/> Citizen of other countries working/residing/studying in the Philippines <input type="checkbox"/> Organized Group (Please specify): _____				3.4 Sponsored <input type="checkbox"/> Local Government Unit (Please specify): _____ <input type="checkbox"/> National Government Agency (Please specify): _____ <input type="checkbox"/> Others (Please specify): _____																			
				3.5 Lifetime Member <input type="checkbox"/> Retiree / Pensioner <input type="checkbox"/> With 120 months contribution and has reached retirement age																			
				Date/Effectivity of Retirement: <table><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr><tr><td colspan="2">mm</td><td colspan="2">dd</td><td colspan="4">yyyy</td></tr></table>												mm		dd		yyyy			
mm		dd		yyyy																			
Under the penalty of law, I attest that the information I provided in this Form are true and accurate to the best of my knowledge.				Please do not write on this portion. For filling-out by PhilHealth Officer:																			
Signature over Printed Name		Date		Received by: _____		Date: _____																	
		Please affix right thumbmark if unable to write.		Evaluated by: _____		Date: _____																	

INSTRUCTIONS

- 1. For PURPOSE, put a mark ☒ FOR ENROLLMENT if you have never been issued a PhilHealth Identification Number (PIN) or Family Health Card. Mark ☒ FOR UPDATING if you want to update or make corrections to certain information previously submitted when you enrolled. Fill-out the appropriate portions of the form.
- 2. Please write in CAPITAL LETTERS.
- 3. ALL FIELDS in item 1 for Member Information ARE MANDATORY. The Member should fill-out all required information.
- 4. Write N.A. if the information is not applicable.
- 5. All name entries should be in the following format

Example: JUAN ANDRES DELA CRUZ SANTOS III will be entered as:

<u>Last Name</u>	<u>First Name</u>	<u>Name Extension</u>	<u>Middle Name</u>
SANTOS	JUAN ANDRES	III	DELA CRUZ

- 6. For the Declaration of Dependents, fill-out the names of the living spouse, children and parents in items 2.1, 2.2 and 2.3 following the same format above.

Put a mark ☒ in the box for item 2.2 if child has disability.
Put a mark ☒ in the box for item 2.3 if parent has disability.
Please indicate FULL MOTHER'S NAME for item 2.3.

- 7. For declared dependents with disability, please submit a Medical Certificate indicating the details and extent of disability. As defined in the Implementing Rules and Regulations of the National Health Insurance Act of 2013, the following are included as qualified dependents:
 - a. Children who are twenty-one (21) years old or above but suffering from congenital disability, either physical or mental, or any disability acquired that renders them totally dependent on the member for support.
 - b. Parents with permanent disability regardless of age that renders them totally dependent on the member for subsistence.
- 8. For MEMBERSHIP CATEGORY, put a mark ☒ in the appropriate box and specify details as necessary.
- 9. The member or guardian (if member is a minor) should certify that the information provided are true and correct by affixing his/her signature over the printed name in the space provided for. If unable to write, please affix the right thumbmark in the space provided.