



PUBLIC EMPLOYMENT SERVICE OFFICE
San Carlos City, Negros Occidental
Tel Fax No: (034) 312-6712



ESTABLISHMENT FORM

NAME OF ESTABLISHMENT: _____ **DATE:** _____

ADDRESS: _____ **CONTACT PERSON/OWNER:** _____

TYPE OF ESTABLISHMENT: _____ **AGE:** _____ **SEX:** _____ **TIN #:** _____

NEW **RENEWAL** **TOTAL NO. OF EMPLOYEE(S):** _____ **BIRTHDATE:** _____ **CONTACT NO:** _____

NO.	NAME OF EMPLOYEES (LAST NAME, FIRST NAME, INITIAL)	AGE	SEX	BIRTHDATE	POSITION

ASSISTED BY: _____

SIGNATURE: _____