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:_____