



Republic of the Philippines  
**DEPARTMENT OF LABOR AND EMPLOYMENT**

**Region 9**

3<sup>rd</sup> Floor, QNS Building, Veterans Avenue Extension  
 Tumaga Road, Zamboanga City

<b>DOLE-BWC AF-PCN-A1</b> Revision Code: 0803-0	<b>OSH PRACTITIONER/CONSULTANT APPLICATION FORM (New Applicant)</b>	Please attach your 1"x1" picture SC: blue background SP: red background <b>2 COPIES</b> <b>signed at the back</b>
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**Instructions:**  
 Fill in all the data needed. Use block/printed letters or use a typewriter. Write N.A. if the blanks are not Applicable. Please sign in all pages of the form.

I would like to apply for Accreditation as:

**OSH Consultant**  
 **OSH Practitioner**

<b>1. PROFILE</b>			
<b>Last Name</b>	<b>First Name</b>	<b>Middle Name</b>	<b>Sex:</b> <input type="checkbox"/> M <input type="checkbox"/> F
			<b>Civil Status:</b> <input type="checkbox"/> Single <input type="checkbox"/> Widower/Widow <input type="checkbox"/> Married <input type="checkbox"/> Separated
City Address (Number & Street, Town/City, Province, Zip Code)		Date of Birth:	Citizenship:
		Height:	Religion:
Home/Provincial Address		Weight:	TIN No.:
		Blood Type:	PRC No. (if any):
Business Address		SSS/GSIS No.	Cellular Phone No. (if any)
		Home No.:	Co. Tel No.:
<b>Nature of Business/Specific Product/Type of Service:</b>		E-mail	Fax No.:
<b>Workplace:</b> <input type="checkbox"/> Hazardous <input type="checkbox"/> non-hazardous		<b>Employment Size</b> <b>MALE: _____ FEMALE: _____ TOTAL: _____</b>	
PSIC Code:	Region:	GEO Code:	Zip Code:

<b>2. EDUCATIONAL ATTAINMENT – indicate only tertiary education: Masteral, doctoral. Please attach photocopy of diploma / transcript of records</b>			
Degree/Units Earned	School / Address (Last attended)	Inclusive dates	Awards/Honors

Type of Professional License received: \_\_\_\_\_  
 PRC License NO.: \_\_\_\_\_ Date Issued: \_\_\_\_\_ Validity: \_\_\_\_\_

**3. WORK EXPERIENCE** (Use additional sheet if necessary). Please attach original certificate of employment and job description duly certified by the Personnel manager/ employer/or authorized company official using official company letter head; and proof of practice (safety report/programs prepared/implemented).

Position (From recent to present)	Inclusive Dates		Length Of service	Status of Appointment	Company
	From	To			

**4. OSH RELATED TRAININGS / SEMINARS ATTENDED ( As Participant ) – (Use additional sheet if necessary) Please attach photocopy of certificate. Original copies of certificates to be presented to authorized DOLE staff for certification.**

Title (Start from recent to previous)	Inclusive Dates		No. of Hours	Conducted by	Venue
	From	To			

<b>DOLE-9 FORM 7.5.11.02</b>	
Issue Date:	May 1, 2013
Approved By:	Regional Director
Issue Status:	01 Rev. No: 00

<b>5. OSH RELATED LECTURES / SEMINARS / TRAININGS CONDUCTED (As Resource Speaker)</b> <i>(Use additional sheet if necessary) Please attach photocopy of certificate/recognition received.</i>					
Title/Topic (Start from recent to previous)	Inclusive Dates		No. of Hours	Conducted by	Venue
	From	To			
<b>6. OSH SKILLS / EXPERTISE / SPECIALIZATION ACQUIRED</b> <i>(Use additional sheet if necessary)</i>					
Trade / Occupation	Field of Expertise		Brief Description		Years of Experience
<b>7. OSH AWARDS / ACHIEVEMENTS / RECOGNITION RECEIVED</b> <i>(Use additional sheet if necessary) Please attach photocopy of certificate of award/recognition</i>					
Title		Issued by		Date Issued	
<b>8. OSH EXAMINATIONS / ELIGIBILITIES PASSED</b> (if any) <i>(Use additional sheet if necessary). Please attach photocopy of certificate of ID, license or certification</i>					
Title	Year Taken	Given by		Rating	
<b>9. MEMBERSHIPS / AFFILIATIONS RELATED TO OSH</b>					
Organization / Institution / Agency		Designation / Position		Validity	
<b>10. CHARACTER REFERENCES (give at least 3)</b>					
Name	Position / Occupation		Company / Address	Contact Number/s	

Do you have any pending a) administrative case  Yes  No b) criminal case?  Yes  No

If you have any, give details of the offense \_\_\_\_\_

Have you been convicted of any crime or violation of any law, decree, ordinance or regulations by any court or tribunal?

Yes  No If yes, give details \_\_\_\_\_

Have you ever been convicted of any administrative offense?  Yes  No

If your answer is "YES", give details of the offense \_\_\_\_\_

Have you ever been retired, forced to resign or dropped from employment in the public and private sector?

Yes  No If yes, give reasons \_\_\_\_\_

*I certify that the information stated above are true and correct.*

RIGHT THUMB MARK
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\_\_\_\_\_

**SIGNATURE**

Date

To be accomplished in duplicate Note: This form is NOT FOR SALE. It may be reproduced