



DEPARTMENT OF LABOR AND EMPLOYMENT
Regional Office No. _____

**OSH PRACTITIONER/
CONSULTANT
APPLICATION FORM
(New Applicant)**

**DOLE-BWC
AF-PCN-A1**
Revision Code: 0803-0
Page 1 of 3

Please attach your
1" x 1" picture
SC: blue background
SP: red background
**2 COPIES
signed at the back**

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

1. PROFILE

Last Name	First Name	Middle Name	Sex: <input type="checkbox"/> M <input type="checkbox"/> F	Civil Status: <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:	
Home/Provincial Address			Height:	Religion:	
Business Address			Weight:	TIN No. :	PRC No.(if any):
			Blood Type:		
			SSS/GSIS No.	Cellular Phone No (if any):	
			Home No.:	Co. Tel No.:	
Nature of Business / Specific Product/ Type of Service :			E-mail:	Fax No.:	
Workplace: <input type="checkbox"/> Hazardous <input type="checkbox"/> Non-hazardous			Employment Size: MALE: _____ FEMALE: _____ TOTAL : _____		
PSIC Code:	Region:	GEO Code:	Zip Code:		

2. EDUCATIONAL ATTAINMENT - indicate only tertiary education: Masteral, doctoral. Please attach photocopy of diploma /transcript of records .

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). **YEARS OF OSH EXPERIENCE**

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



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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			

5. OSH RELATED LECTURES / SEMINARS /TRAININGS CONDUCTED (As Resource Speaker) (Use additional sheet if necessary) *Please attach photocopy of certificate/recognition received.*

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

6. OSH SKILLS / EXPERTISE / SPECIALIZATION ACQUIRED (Use additional sheet if necessary)

Trade / Occupation	Field of Expertise	Brief Description	Years of Experience

7. OSH AWARDS / ACHIEVEMENTS /RECOGNITION RECEIVED (Use additional sheet if necessary). *Attach photocopy of certificate of award/recognition*

Title	Issued by	Date Issued



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8. OSH EXAMINATIONS / ELIGIBILITIES PASSED (if any) *(Use additional sheet if necessary). Please attach photocopy of ID, license or certification*

Title	Year Taken	Given by	Rating

9. MEMBERSHIPS / AFFILIATIONS RELATED TO OSH

Organization / Institution / Agency	Designation / Position	Validity

10. CHARACTER REFERENCES (give at least 3)

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.

SIGNATURE

Date: _____

RIGH THUMB
MARK