

**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)	Time / Duration		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)	Time / Duration		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