



DOLE ADJUSTMENT MEASURES PROGRAM FOR K TO 12 DISPLACED HIGHER EDUCATION INSTITUTION PERSONNEL

# K TO 12 DOLE AMP APPLICATION FORM

THIS FORM IS NOT FOR SALE AND CAN BE REPRODUCED. PLEASE READ THE INSTRUCTIONS AT THE BACK BEFORE ACCOMPLISHING THIS FORM. PRINT ALL INFORMATION IN CAPITAL LETTERS AND USE BLACK OR BLUE INK ONLY. WRITE "N/A" IF NOT APPLICABLE.

REFERENCE NUMBER									

KDA FORM A (Revised, 24 May 2016)

A. APPLICANT INFORMATION										
NAME (FIRST NAME)				(MIDDLE NAME)		(LAST NAME)		(SUFFIX)		GENDER <input type="checkbox"/> Male <input type="checkbox"/> Female
DATE OF BIRTH (MM/DD/YYYY)		AGE	PLACE OF BIRTH (CITY/MUNICIPALITY)			(PROVINCE)		(COUNTRY)		
CIVIL STATUS		NATIONALITY		TELEPHONE NUMBER		MOBILE NUMBER		EMAIL ADDRESS		
PERMANENT ADDRESS (RM./FLR./UNIT NO. & BLDG. NAME)				(HOUSE/LOT & BLK. NO.)		(STREET NAME)		(SUBDIVISION/VILLAGE)		
(BARANGAY/DISTRICT)		(CITY/MUNICIPALITY)		(PROVINCE)		ZIP CODE		COUNTRY		
HAVE YOU REGISTERED IN ANY OF THE DOLE/PESO OFFICES? <input type="checkbox"/> NO <input type="checkbox"/> YES (IF YES, SPECIFY OFFICE, ADDRESS, AND DATE OF REGISTRATION) _____						ARE YOU A PERSON WITH DISABILITY? <input type="checkbox"/> NO <input type="checkbox"/> YES (IF YES, SPECIFY TYPE OF DISABILITY) _____				
LAND BANK OF THE PHILIPPINES ACCOUNT NUMBER				LAND BANK OF THE PHILIPPINES BRANCH						
B. EDUCATIONAL BACKGROUND										
LEVEL	NAME OF SCHOOL			COURSE		DATE (FROM)	DATE (TO)	HONORS/AWARDS		
ELEMENTARY										
SECONDARY										
VOCATIONAL										
COLLEGE										
GRADUATE STUDIES										
C. ELIGIBILITY										
ELIGIBILITY/LICENSES						LICENSE NUMBER		EXPIRY DATE		
D. TRAINING/SEMINARS/CONFERENCES/WORKSHOPS/SHORT COURSES ATTENDED (START WITH MOST RECENT)										
TITLE			INCLUSIVE DATES		NUMBER OF HOURS		CONDUCTED/SPONSORED BY			
E. EMPLOYMENT INFORMATION										
PREVIOUS HEI EMPLOYER (NAME OF INSTITUTION)				EMPLOYER'S ADDRESS				PREVIOUS POSITION		
SALARY (MONTHLY)		TYPE OF WORK HANDLED <input type="checkbox"/> Teaching <input type="checkbox"/> Non-Teaching		NATURE OF EMPLOYMENT <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time		STATUS OF EMPLOYMENT <input type="checkbox"/> Permanent <input type="checkbox"/> Temporary/Probationary <input type="checkbox"/> Contractual <input type="checkbox"/> Casual				
OTHER WORK EXPERIENCES (START WITH THE MOST RECENT)										
INCLUSIVE DATES		POSITION TITLE		DEPARTMENT / AGENCY / OFFICE / COMPANY			MONTHLY SALARY	NATURE OF EMPLOYMENT	PRIVATE / GOVERNMENT	
F. LANGUAGE PROFICIENCY										
LANGUAGE	LEVEL OF MASTERY (BASIC, INTERMEDIATE, ADVANCED)				CERTIFICATION			VALIDITY DATE		
	SPEAKING		WRITING							

### G. TECHNICAL/VOCATIONAL SKILLS

- |  |                                       |  |
|--|---------------------------------------|--|
| <input type="checkbox"/> AUTO MECHANIC | <input type="checkbox"/> GARDENING    | <input type="checkbox"/> PLUMBING      |
| <input type="checkbox"/> CARPENTRY     | <input type="checkbox"/> HAIRDRESSING | <input type="checkbox"/> TAILORING     |
| <input type="checkbox"/> COOKING       | <input type="checkbox"/> MASONRY      | <input type="checkbox"/> WELDING       |
| <input type="checkbox"/> DRIVING       | <input type="checkbox"/> PHOTOGRAPHY  | <input type="checkbox"/> OTHERS: _____ |

### H. K TO 12 DOLE AMP OFFERED SERVICES (Choose any or all of the following services offered by K to 12 DOLE AMP)

- Financial Support (Includes Employment Facilitation)     TESDA Skills Training     DOLE Kabuhayan program

### INSTRUCTIONS FOR APPLICATION

1. This form shall be used in applying for K to 12 DOLE AMP.
2. Fill out this form in one (1) copy without erasures and alterations.
3. Place a checkmark on the application box.
4. Always indicate "N/A" or "Not Applicable", if the required information is not available.
5. This form shall be submitted with the following documentary requirements:
  - a. Notarized notice of termination issued by the HEI (shall include nature of employment);
  - b. Photocopy of HEI employee ID or, if not available, any government issued ID; and
  - c. Latest income tax return (ITR), if applicable.
6. Applications may be submitted in any DOLE Regional offices, Field offices, and/or Public Employment Service Offices (PESO). Applications submitted to PESO will be forwarded to the nearest DOLE Regional or Field office for evaluation.
7. All applications will be evaluated within ten (10) working days from receipt of complete requirements. Clients will be notified within twelve (12) working days.
8. Approved applicants will receive the following:
  - a. **Notice of Approval**—shall contain information on procedures for subsequent reporting, grounds and procedures of suspension and disqualification, and cessation from the program.
  - b. **Progress Report**— shall contains the Recommended Plan of Action (RPA), information on Financial Support, and information on job contacts made, training course attended, and livelihood programs availed, if applicable.
9. Upon receipt of written **Notice of Approval** and **Progress Report**, the client shall commence forthwith the completion of the RPA.

"Notwithstanding the confidentiality of the data that I have supplied herein, I hereby give my consent that the same be secured and accessed for subsequent validation, verification, and other purposes consistent with the objectives of this application. I have the full knowledge and I agree that the cause of my termination is the implementation of RA 10533, hence this application. I further affirm that by affixing my signature on this form, all statements/data appearing in this form are true, correct and complete to the best of my knowledge and belief."

\_\_\_\_\_  
SIGNATURE OF APPLICANT

\_\_\_\_\_  
DATE