



DOLE REGIONAL OFFICE NO. ____
GOVERNMENT INTERNSHIP PROGRAM (GIP)
APPLICATION FORM



INSTRUCTION TO APPLICANTS: Please fill out all the required information in this form and attach additional documents, if necessary.

Consent and Data Privacy Notice:

The Department of Labor and Employment (DOLE) collects and processes your personal data to determine eligibility for the GIP Program, process stipends, and facilitate job placement. Your information may be shared with partner-employers and relevant government agencies for verification and payroll purposes, in compliance with Republic Act No. 10173 (Data Privacy Act of 2012). You maintain the right to access or correct your data at any time. I ACCEPT | I DO NOT ACCEPT

1. NAME OF APPLICANT:

Family Name First Name Middle Name

2. RESIDENTIAL ADDRESS:

Telephone No.:

Mobile No.:

E-mail Address:

3. PLACE OF BIRTH (city/province)

4. DATE OF BIRTH (mm/dd/yyyy) / /

5. GENDER Male Female

6. CIVIL STATUS Single Married Widow/Widower

7. EDUCATIONAL ATTAINMENT

NAME OF SCHOOL	INCLUSIVE DATES		DEGREE OR DIPLOMA
	From	To	

8. WORK EXPERIENCE

Name of Company	Position	Period of Engagement

8 .DISADVANTAGED OR VULNERABLE GROUP PWDs IPs Victims of Natural or Man-Made Disasters

Victims of Armed Conflict Rebel Returnee 4Ps Beneficiary Others _____

CERTIFICATION: Certify that all information provided in this application, including the attached documents, is complete and accurate to the best of my knowledge. I attest to the veracity of the attached requirements. I understand and agree that any misrepresentation in this document or its attachments may result in disqualification, cancellation of the service or contract, and the forfeiture of any refunds received or pay damages to DOLE or comply with any other sanctions in accordance with the law.

Signature of Applicant

Date Accomplished

In case of Emergency, please notify:

Name :
Contact Details :
Address :

GSIS Beneficiary (Parent/Child's Name)

Name of Beneficiary:
Relationship:

FOR DOLE-RO/FO Use Only

Interviewed and validated by:

NAME and SIGNATURE/POSITION

DATE

Documents Received:

____ Birth certificate or equivalent ____ Form 137/138 ____ Certification from school or
____ Transcript of Records ____ Diploma any documents equivalent hereto
____ Barangay Certification ____ Others _____

PSOC Code (Based on Assignment/Partner Agency, where applicable): _____