

**DEPARTMENT OF LABOR AND EMPLOYMENT  
GOVERNMENT INTERNSHIP PROGRAM  
APPLICATION FORM**

**INSTRUCTIONS TO APPLICANTS:**

*Please fill-up all the required information in this form and attach additional documents, where necessary.*

**1. NAME OF APPLICANT**Family NameFirst NameMiddle Name

**ATTACH HERE A  
PHOTOGRAPH TAKEN  
WITHIN THE PAST YEAR.**

*(Make sure your full  
name is written on the  
back for identification)*

**2. RESIDENTIAL ADDRESS:**

Telephone Number:

Fax:

Mobile Number:

E-mail Address:

**3. PLACE AND DATE OF BIRTH (city or town and country) Month Day Year****4. GENDER**       Male       Female**5. CIVIL STATUS**       Single       Married       Widowed       Separated**6. EDUCATION:** List all educational institutions attended, beginning with the most recent, including any in which you are currently enrolled.

INSTITUTION AND LOCATION <i>(write name in full)</i>	MAJOR FIELD OF STUDY	INCLUSIVE DATE <i>(month and year)</i>		ACTUAL NAME OF DEGREE OR DIPLOMA	DATE RECEIVED OR EXPECTED
		From	To		

**7. PLEASE DESCRIBE YOUR CURRENT AREA OF STUDY**

**8. PLEASE TELL US WHY YOU ARE INTERESTED IN THE DOLE-GIP**

**CERTIFICATION:** I certify that all information given in this application are complete and accurate to the best of my knowledge. I acknowledge that I have completely read and understood the DOLE-GIP Guidelines as embodied in Administrative Order No. 119, series of 2012.

**DATE:**

**SIGNATURE OF APPLICANT** *(required)*