

Republic of the Philippines DEPARTMENT OF LABOR AND EMPLOYMENT REGIONAL OFFICE NO._____

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ALIEN EMPLOYMENT PERMIT (AEP) APPLICATION FORM

(Please supply all required information. Misrepresentation, false statement or fraud in this application or in any supporting document is ground for denial/ revocation/cancellation of the permit.)

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TYPE OF APPLICATION: [] NEW	[]RENEWAL						
PERSONAL DATA NAME:(Last name) SEX: CITIZENSHIP: DA HIGHEST EDUCATIONAL ATTAIN								
(Last name)		(First nam	e)	(Middle name)				
SEX:CITIZENSHIP:			TIN:					
CIVIL STATUS DA	ATE OF BIRTH	1	PLACE OF BIRTH	·				
HIGHEST EDUCATIONAL ATTAIN	IMENI/COUR	SE FINISHED:						
ADDRESS IN THE PHILS			=					
ADDRESS IN THE PHILS PERMANENT ADDRESS ABROAD)	-	E-MAIL _					
PASSPORT NO		PASSPORT VA	LID LINTII					
PLACE OF ISSUE	SSPORT NOPASSPORT VALID UNTIL ACE OF ISSUEDATE OF ISSUE VALID UNTIL							
VISA		VALID UNTIL						
EMPLOYMENT HISTORY IN TH	HE PHILIPPI	NES: (Please a	ttach additional sh	eet if necessary)				
Employer's Business Name ar	nd Address	Po	sition	Duration of Employment				
PRESENT EMPLOYMENT:								
POSITION								
NATURE OF ASSIGNMENT: [] IN	/ESTOR, [] II	NTRA-CORPOR	RATE TRANSFERE	F [] SERVICE SELLED				
1.125	OFESSIONAL	_, [] CONTRAC	TUAL SERVICE S	SUPPLIER [1 SPECIALIST				
[] PROFESSIONAL, [] CONTRACTUAL SERVICE SUPPLIER, [] SPECIALIST								
NAME AND ADDRESS OF EMPLOYER								
E-MAIL ADDRESS		TEL						
E-MAIL ADDRESSTEL NATURE OF BUSINESS								
TOTAL EMPLOYMENT (Exclude Foreign Nationals) NUMBER OF FOREIGN NATIONALS								
Have your application for AFD be			un un nomenar					
Have your application for AEP been previously denied? [] yes [] no When?								
Have your AEP been previously cancelled/revoked? [] yes [] no When?Please state reason for denial/cancellation/revocation:								
Please state reason for denial/ca	ncellation/rev	ocation:						
What actions have you take 2								
What actions have you taken? _								
SIGNATURE OF APPLICAN	_	_	The second secon					
SIGNATURE OF APPLICAN	П		DATE F	ILED				
NDORSEMENT BY THE EMPLO	VED.							
NO NO LINE RIVER	JIEK.							
NAME AND SIGNATURE OF COMP	PANY OFFICE		POSITION IN TI	HE COMPANY				
				IL COMI MINI				

AEP APPLICATIONS EVALUATION SHEET [To be accomplished by the DOLE Regional/Field Office]

Fines Date of Publication:			Newspaper					
III.	PAYMENTS Fees	AMOUNT	OFFICIAL REC	EIPT No.	DATE			
	REGIONAL DIRE	ECTOR	DATE RECEIVED	DATE	RELEASED			
	3. ACTION TAKE	EN []APPROVE	HTO[] C	ERS				
	CHIEF		DATE RECEIVED	DATE F	RELEASED			
	2. RECOMMEN	DATION []FOR APPE	ROVED []OTH	ERS				
	EVALUA	TOR	DATE RECEIVED	DATE R	RELEASED			
	RECOMMEN	DATION:						
II.		AND ACTION TAKEN NT AND EVALUATION OF	F APPLICATION					
	Certificate of R] if filed by a rep	decognition for refugees resentative, authorization any or foreign national	Certifica on [] If filed by	opy of passport with visa or late of Recognition for refugees by a representative, authorization e company or foreign national				
] Photocopy of E to operate bus	Employer's Mayor's Perr	nit [] Photoco to opera	[] Photocopy of Employer's Mayor's Permit to operate business [] Photocopy of passport with visa or				
] Contract of Em Board Secreta	rm duly accomplished aployment/ Appointment ry's Certificate of election	or [] Renewa	tion Form duly accor al of Employment Co d Secretary's Certific	ontract/Appointment			
]] NEW		[] RENEV	VAL				
	surrendered to the	er documents, when appline issuing DOLE-Regional	cable, should be presen Office upon expiration of	ited for validation. AEI of AEP or termination	Card must be of employment.)			
ı.	CHECKLIST OF	F REQUIREMENTS						
Α	ddress : : EP Number :		Validity :	Industry Co	ndustry Code:			
Ν	lationality : company :							
	lame of Allen : Position/s :							