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.)

TYPE OF APPLICATION: [ ] NEW [ ] RENEWAL

PERSONAL DATA

NAME: ___________________________________________ (Last name) ___________________________________________ (First name) ___________________________________________ (Middle name)
SEX: ________ CITIZENSHIP: _________________
CIVIL STATUS: ________________ DATE OF BIRTH: ________________ PLACE OF BIRTH: ________________
HIGHEST EDUCATIONAL ATTAINMENT/COURSE FINISHED: __________________________________________
ADDRESS IN THE PHILS.: __________________________________________
E-MAIL: __________________________________________

PERMANENT ADDRESS ABROAD

PASSPORT NO. ___________________ PASSPORT VALID UNTIL ___________________
PLACE OF ISSUE: ___________________ DATE OF ISSUE: ___________________
VISA: ___________________ VALID UNTIL: ___________________

EMPLOYMENT HISTORY IN THE PHILIPPINES: (Please attach additional sheet if necessary)

<table>
<thead>
<tr>
<th>Employer’s Business Name and Address</th>
<th>Position</th>
<th>Duration of Employment</th>
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PRESENT EMPLOYMENT:

POSITION

NATURE OF ASSIGNMENT: [ ] INVESTOR, [ ] INTRA-CORPORATE TRANSFEREE, [ ] SERVICE SELLER, [ ] PROFESSIONAL, [ ] CONTRACTUAL SERVICE SUPPLIER, [ ] SPECIALIST

PLACE/S OF ASSIGNMENT

NAME AND ADDRESS OF EMPLOYER

E-MAIL ADDRESS: __________________________________________ TEL.: ___________________

NATURE OF BUSINESS

TOTAL EMPLOYMENT (Exclude Foreign Nationals) __________ NUMBER OF FOREIGN NATIONALS __________

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: __________________________________________

What actions have you taken? __________________________________________

___________________________________________________________________________________

__________________________
SIGNATURE OF APPLICANT

__________________________
DATE FILED

INDORSEMENT BY THE EMPLOYER:

NAME AND SIGNATURE OF COMPANY OFFICER

POSITION IN THE COMPANY

__________________________
SUBSCRIBED AND SWORN to before me this ______day of ___________ ________, 20_____. Affiant exhibited his/her Passport No. ___________________ issued at ________, on ________, 20_______.

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

Name of Alien: ____________________________________________________________________

Position/s: ____________________________________________________________________

Nationality: _________________________________________________________________

Company: ____________________________________________________________________

Address: ____________________________________________________________________

AEP Number: ___________________ Validity: ___________________ Industry Code: ________

I. CHECKLIST OF REQUIREMENTS
(Original and other documents, when applicable, should be presented for validation. AEP Card must be surrendered to the issuing DOLE-Regional Office upon expiration of AEP or termination of employment.)

DOCUMENTS SUBMITTED

[ ] NEW

[ ] Application Form duly accomplished

[ ] Contract of Employment/ Appointment or Board Secretary’s Certificate of election

[ ] Photocopy of Employer’s Mayor’s Permit to operate business

[ ] Photocopy of passport with visa or Certificate of Recognition for refugees

[ ] if filed by a representative, authorization from the company or foreign national

[ ] RENEWAL

[ ] Application Form duly accomplished

[ ] Renewal of Employment Contract/Appointment or Board Secretary’s Certificate of election

[ ] Photocopy of Employer’s Mayor’s Permit to operate business

[ ] Photocopy of passport with visa or Certificate of Recognition for refugees

[ ] If filed by a representative, authorization from the company or foreign national

[ ] Photocopy of AEP previously issued

II. EVALUATION AND ACTION TAKEN

1. ASSESSMENT AND EVALUATION OF APPLICATION

_______________________________________________________________________________

_______________________________________________________________________________

_______________________________________________________________________________

RECOMMENDATION:

_______________________________________________________________________________

_______________________________________________________________________________

_______________________________________________________________________________

EVALUATOR DATE RECEIVED DATE RELEASED

2. RECOMMENDATION [ ] FOR APPROVED [ ] OTHERS

CHIEF DATE RECEIVED DATE RELEASED

3. ACTION TAKEN [ ] APPROVED [ ] OTHERS ______________________________

REGIONAL DIRECTOR DATE RECEIVED DATE RELEASED

III. PAYMENTS AMOUNT OFFICIAL RECEIPT No. DATE

Fees ____________________________ ____________________________ ________________________

Fines ____________________________ ____________________________ ________________________

Date of Publication: ____________________________ Newspaper ____________________________
