EMBASSY OF THE REPUBLIC OF THE PHILIPPINES
MIGRANT WORKERS OFFICE
WASHINGTON, D.C.

BAGONG PILIPINAS

EMPLOYEE INFORMATION FORM

1. NAME OF WORKER:_____

2. ADDRESS IN THE PHILIPPINES:_____

3. CIVIL STATUS:_____

4. BIRTHDAY:_____ 5. AGE: _____

6. EMAIL ADDRESS:_____

7. TELEPHONE NO.:_____

8. WORK/POSITION:_____

9. IN CASE OF EMERGENCY:

- CONTACT PERSON/
  NEXT OF KIN:_____
- RELATIONSHIP TO OFW:_____
- ADDRESS IN THE
  PHILIPPINES:_____
- CONTACT NO.:_____

10. COUNTRY OF DEPLOYMENT:_____

11. EMPLOYER:_____

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