iPloy Staffing Solutions

ID APPLICATION FORM

LAST NAME: ABADIA FIRST NAME: PHILIP LEONIL

ID NUMBER: _____ PAGIBIG #: _____ SSS #: _____

PHILHEALTH #: _____ TIN: _____

IN CASE OF EMERGENCY:

CONTACT PERSON: JENE M. ABADIA

RELATION: MOTHER CONTACT #: 09204872012

ADDRESS: CENTRO MANDALUYONG CITY

2X2 PICTURE	SIGNATURE

iPloy

NAME: PHILIP LEONIL ABADIA

SURNAME	FIRST NAME	M.I.

Job Title: Department: Hire Date: 7/16/20

To facilitate your employment with us, you are required to submit one (1) PHOTOCOPY of the following or your first two (2) weeks of employment.

REQUIREMENTS	Pls. check check(✓)	Received by:	Date:
NSO Birth Certificate			
NSO Marriage Certificate (if Married)			
NSO Birth Certificate of dependents			
TOR/ Certificate / Diploma			
1pc 1x1 Picture			
Certificate of Employment			
Chest X-Ray Result			
Drug Test Result			
Medical Certificate/Physical Examination Sheet			
Sketch of Residence			
GOVERNMENT FORMS		**Received by:**	**Date:**
SSS Digitized ID (With SSS #)			
Social Security System (SSS) You may submit any of the following documents			
E-1/E-4 Form			
SSS Loan Voucher			
Members Data Form (print out or online registration form) www.pagibigfund.gov.ph > E-Services > Online			
Membership Registration			
Loyalty Card			
Loan Voucher Certificate			
Statement of Account			
Member's Data Form (MDF)			
Member Data Record (MDR)			
PhilHealth ID Card			
TIN	( ) 2305 ( ) 1902 ( ) 2316 ( ) 1905		
NBI	NBI Clearance (please indicate O.R. No.)		

I undertake to submit these requirements on the days stated above, in compliance with the Company's Code of Conduct (Rule 1 Section 2(b)- "Insubordination - Failure to comply any directive and/or instructions from Superiors and/or Management/Willful disobedience."

Received by: PHILIP LEONIL ABADIA

Employee's Name & Signature | Date

HR Copy