

PRE - EMPLOYMENT REQUIREMENT CHECKLIST
NAME: _____

	SURNAME		FIRST NAME		M.I
Job Title:		Department:		Hire Date:	

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

REQUIREMENTS	Put check marks (v)	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:
Social Security System (SSS) You may submit any of the following documents SSS Digitized ID (With SSS #) SSS Static Information E1/E4 Form SSS Loan Voucher		
Pag-IBIG (For existing loans, voucher w/o proof of loan payments will not be accepted) Members Data Form (print out of 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)	2	
PhilHealth Member Data Record (MDR) 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 22): "Insubordination - Failure to comply any directive and/or instructions from Superiors and/or Management/Willful disobedience."

Received by: _____

Employee's Name & Signature | Date: _____