



Alorica Philippines, Inc.
5/F Alphaland Southgate Tower
3258 Chino Roces Avenue
corner EDSA (Pasong Tamo Extension)
Makati City, Philippines 1230
www.alorica.com

CERTIFICATION OF EMPLOYMENT

This certifies that **Ms. Jessele Baylon Tulmo** was an employee of **Alorica Philippines, Inc.** from December 15, 2020 to January 29, 2024. She last held the position of Team Manager Customer Experience.

This certification is being issued upon the request of Ms. Tulmo for whatever legal purpose it may serve. For the purpose of employment verification, please send an email to HumanResources@alorica.com.

Issued on the 16th day of July, 2024 in Makati City, Philippines.

A handwritten signature in black ink that reads "Jamea".

ATTY. MA. JAMEA ASSUMPTA GARCIA
Regional Vice President, Human Resources



E-1

COV-01214 (09-2015)

Republic of the Philippines
SOCIAL SECURITY SYSTEM
PERSONAL RECORD
FOR ISSUANCE OF SS NUMBER

SS NUMBER
D9-4247961-8

THIS FORM MAY BE REPRODUCED AND IS NOT FOR SALE. THIS CAN ALSO BE DOWNLOADED THRU THE SSS WEBSITE AT www.sss.gov.ph.

PLEASE READ THE INSTRUCTIONS AND REMINDERS AT THE BACK BEFORE FILING OUT THIS FORM. PRINT ALL INFORMATION IN CAPITAL LETTERS AND USE BLACK INK ONLY.

PART I - TO BE FILLED OUT BY THE REGISTRANT

A. PERSONAL DATA

NAME (LAST NAME) (FIRST NAME) (MIDDLE NAME) (SUFFIX) DATE OF BIRTH (MMDDYYYY)

SEX CIVIL STATUS TAX IDENTIFICATION NUMBER (IF ANY)

NATIONALITY RELIGION PLACE OF BIRTH (CITY/MUNICIPALITY, PROVINCE) (CITY, COUNTRY, if born outside the Philippines)

HOME ADDRESS (RM./FLR./UNIT NO. & BLDG. NAME) (HOUSE/LOT & BLK. NO.) (STREET NAME) (SUBDIVISION)

(BARANGAY/DISTRICT/LOCALITY) (CITY/MUNICIPALITY) (PROVINCE) (COUNTRY) ZIP CODE

MOBILE/CELLPHONE NUMBER E-MAIL ADDRESS TELEPHONE NUMBER (COUNTRY CODE+ AREA CODE+ TEL. NO.)

FATHER (LAST NAME) (FIRST NAME) (MIDDLE NAME) (SUFFIX)

MOTHER'S MAIDEN NAME (LAST NAME) (FIRST NAME) (MIDDLE NAME) (SUFFIX)

B. DEPENDENT(S)/BENEFICIARY/IES

Check this box if using additional sheet

SPOUSE (LAST NAME) (FIRST NAME) (MIDDLE NAME) (SUFFIX) DATE OF BIRTH (MMDDYYYY)

CHILD/REN (LAST NAME) (FIRST NAME) (MIDDLE NAME) (SUFFIX) DATE OF BIRTH (MMDDYYYY)

1.

2.

3.

4.

5.

OTHER BENEFICIARY/IES (if without spouse & child and parents are both deceased) RELATIONSHIP DATE OF BIRTH (MMDDYYYY)

1.

2.

C. FOR SELF-EMPLOYED/OVERSEAS FILIPINO WORKER/NON-WORKING SPOUSE

SELF-EMPLOYED (SE) OVERSEAS FILIPINO WORKER (OFW) NON-WORKING SPOUSE (NWS)

Profession/Business Foreign Address SS No./Common Reference No. of Working Spouse

Year Prof./Business Started Monthly Income of Working Spouse (P)

Monthly Earnings Monthly Earnings Are you applying for membership in the Flexi-Fund Program?

I agree with my spouse's membership with SSS. SIGNATURE OVER PRINTED NAME OF WORKING SPOUSE

D. CERTIFICATION

I certify that the information provided in this form are true and correct. (If registrant cannot sign, affix fingerprints in the presence of an SSS personnel.)

Registrant is required to affix fingerprints.

JESIEL B. TULAO 05-11-17

PRINTED NAME SIGNATURE DATE

RIGHT THUMB RIGHT INDEX

PART II - TO BE FILLED OUT BY SSS

BUSINESS CODE (FOR SE) WORKING SPOUSE'S MSC (FOR NWS) RECEIVED BY (REPRESENTATIVE OFFICE/PARTNER AGENT)

MONTHLY SS CONTRIBUTION (FOR SE/OFW/NWS) APPROVED MSC (FOR SE/OFW/NWS) RECEIVED & PROPOSED BRANCH (SSS BRANCH/SERVICE OFFICE)

START OF PAYMENT (FOR SE/NWS) FLEXI-FUND APPLICATION (FOR OFW) MA. CHARISSA B. ARIETA DAVAO MSS DATE & TIME

Approved Disapproved SIGNATURE OVER PRINTED NAME

SIGNATURE OVER PRINTED NAME DATE & TIME


January 12, 2019

TO WHOM IT MAY CONCERN:

This is to certify that **JESSELE B. TULMO** took the following subject(s) in the **BACHELOR OF PHYSICAL EDUCATION (B.P.E.)** program of this University during the semester(s) indicated below.

Subject	Description	Grades	Units
<u>First Semester SY 2018-2019</u>			
BPE 112	Anatomy and Physiology of Human	2.8	3.0
BPE 111	Philosophical and Socio-Anthro	3.0	3.0
GE 3	The Contemporary World	1.5	3.0
BPE 113	Prin. Motor Control and Learning	2.3	3.0
GE 2	Purposive Communication	2.5	6.0
GE 4	Mathematics in the Modern World	3.2	3.0
NSTP 1	National Service Training Program	2.5	3.0
GPE 1	Movement Enhancement	1.3	2.0
-X-X-X			

This certification is being issued upon request for employment.



CARMENCITA E. VIDAMO, Ed. D.
University Registrar