



PRE - EMPLOYMENT REQUIREMENT CHECKLIST										
NAME: D'Lonsod, Marie Joy A.										
SURNAME		D'Lonsod		FIRST NAME		Marie Joy		M.I		A.
Job Title:		Customer Service Representative		Department:		Patient Pay		Hire Date:		October 7, 2020
To facilitate your employment with us, you are required to submit one (1) <b>PHOTOCOPY</b> 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)								
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/orManagement/Willful disobedience."										
Received by:										
Employee's Name & Signature   Date:		Marie Joy A. D'Lonsod 10/18/2020								

Employee's Copy



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