

PRE - EMPLOYMENT REQUIREMENT CHECKLIST

NAME: D LOTISON, WATE SOY A.									
	SURNAME D'I	Lonsod	FIRST NAME		Marie Joy		M.I	A.	
Job Title:	Customer			Patient	Dov		Hire Date:	October 7, 2020	
Job Title:	Service Representa	itive	Department: Patient		гау				
To facilitate your employment with us, you	are required to submit one (1)	РНОТС	OCOPY of the fo	llowing on y	our first two (2	2)weeks o	f employment:		
REQUIREMENTS					Put check marks(V)	Recei	ived 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	n Sheet								
Sketch of Residence									
GOVERNMENT FORMS						Recei	ived by:	Date:	
	SSS Digitized ID (With SSS	#)							
Social Security System (SSS) You may	SSS Static Information								
submit any of the following documents	E1/E4 Form								
	SSS Loan Voucher								
	Members Data Form (print out of online registration								
D. 100 (5 11 1 1 1 1	form)www.pagibigfund.gov.ph > E Services > Online Membership Registration								
Pag-IBIG (For existing loans, voucher w/o proof of loan payments will not be	Loyalty Card				2				
accepted)	Loan Voucher Certificate				1				
	Statement of Account								
	Member's Data Form (MD								
PhilHealth	Member Data Record (MI								
Philhealth	ID Card								
TIN	() 2305 ()	1902	() 2316	() 1905					
NBI	NBI Clearance (please indic	ate O.R	. No.						
NDI)								
I undertake to submit these requireme directive and/or instructions from Supe	riors and/orManagement/V	Villful d		the Comp	any's Code of	Conduct	(Rule 1 Section	22): "Insubordination - Failure to	comply any
Received by:	Marje Joy A. D'Loi	nsod			_				
Employee's Name & Signature Date:	10/18/202	20							
·							Employee's Copy		

Ploy

SURNAME O'Londord FIRST NAME Marie Joby M.1 Date: October 7.2	NAME: D'Lonsoc	.,							
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 (Y) Received by: Date: NSO Birth Certificate NSO Marriage Certificate (if Married) NSO Birth Certificate of dependents TOR/ Certificate of Employment Medical Certificate/Physical Examination Sheet Sketch of Residence GOVERNMENT FORMS Social Security System (SSS) via System via System via System via System via System via Sy		SURNAME D'Lonsod		FIRST NAME		Marie Joy		M.I A.	
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NSO Birth Certificate NSO Marriage Certificate (if Married) NSO Birth Certificate of dependents TOR/ Certificate of Diploma Ipc 1x1 Picture Certificate of Employment Certificate	To facilitate your emp	loyment with us,	you are required to subn	nit one (1) PHOTOCOP	of the following on	your first two (2)weeks of	employment:		1
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