PRE-EMPLOYMENT REQUIREMENTS CHECKLIST

NAME: _____
LAST NAME FIRST NAME M.I.

POSITION :_____

HIRE DATE :_____ DEPT._____

PROGRAM :_____

To facilitate your employment with us, you are required to submit the following <u>on your first day of employment:</u>

DAY 1 REQUIREMENTS

Government Forms		Received by	Date
BIR	**Tax Identification Number (TIN)** You may submit any of the following BIR documents to validate your TIN. ( ) TIN ID ( ) 2305 ( ) 1902 ( )1905 ( ) 2316 ( ) BIR Print-out		
	BIR Form 2305 with Supporting Documents (3 copies each) • Single – birth certificate • Solo Parent – birth certificate, birth certificate of children • Married – marriage certificate, birth certificate of children (Please attach a waiver if female employee and will claim for dependent children.)		
	Processed 1905 Form The Company can process your form if your previous employer's Revenue District Office (RDO) is in Makati / Taguig / Ortigas / Cubao / nearby Metro Manila areas.		
SSS	**Social Security System Number (SSS No.)** You may submit any of the following documents to validate your SSS No. ( ) SSS Digitized ID ( ) E1/E4 form ( ) SSS Static Form ( ) SSS Loan Voucher		
	Loan Voucher Certificate or Statement of Account and Loan Payments with SSS (For existing loans, voucher w/o proof of loan payments will not be accepted.)		
Pag-IBIG	**Members Data Form** (print out of online registration form) www.pagibigfund.gov.ph > E Services > Online Membership Registration		
	Pag-IBIG Request for Transfer of Records		
	Loan Voucher Certificate or Statement of Account and Loan Payments with Pag-IBIG (For existing loans, voucher w/o proof of loan payments will not be accepted.)		
PhilHealth	**PhilHealth Member Registration Form (PMRF) with Supporting Documents (3 copies each)** • Single – birth certificate • Solo Parent – birth certificate; birth certificate of children • Married – birth certificate; marriage certificate, birth certificate of children *Note: Please submit a documentation for your PhilHealth Number)*		
NBI	**NBI Clearance** If O.R. is presented, please indicate release date. _____		

Company Forms		Received by	Date
HIP	**Health Insurance Plan (HIP) Supporting Documents** If enrolling dependents, please submit the following: • Single – birth certificate of parents • Solo Parent – birth certificate of children • Married – marriage certificate, birth certificate of children *Note: Enrollment to be completed online*		
LIP	**Life Insurance Plan (LIP)** *Note: declaration of beneficiaries to be completed online*		
CrIB	**Critical Illness Benefit (CrIB) Application Form (Optional)**		
Others	**Acknowledgement of Employee eBook and Code of Conduct** (To be done on day of orientation)		
	Birth certificate (1 copy) **Marriage Certificate (1 copy)** **Birth Certificate of Children (1 copy)**		
	1x1 Photo (3 copies)		
Up to Day 30	**Diploma, Certificate of Graduation, Transcript of Records or Certificate of Grades from Last School Attended**		
	Clearance from Previous Employer		
	BIR Form 2316 from your Last Employer (2 copies) (If last employment is within the current year) **or Waiver** (if no employer within the year or ITR is not available)		

I undertake to submit these requirements on the days stated above, in compliance with the Company's Code of Conduct (Sec.1, D.1): "Failure to complete pre-employment requirements on the 3rd month from hiring."

Your Employee Services Buddy : _____

Contact Number : _____

Received by:

_____
Applicant Name / Date

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LAST NAME FIRST NAME M.I.

POSITION :_____

HIRE DATE :_____ DEPT._____

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