## CHECKLIST OF REQUIREMENTS FOR EVALUATION OF DIRECT HIRE APPLICATION

## PROFESSIONAL AND SKILLED WORKERS

(All documents to be submitted must be in duplicates)

WORKER EMPLOYER WORKSITE POSITION	· :			
DOCUMEN	TARY REQUIREMENTS			
PHASE 1				Remarks
TIME REC	CEIVED:			
	Passport with validity period o	f not less than six (6) months		
	If visa assurance or guarantee	ermit (whichever is applicable per country). is issued by employer, the same should be overnment or Immigration Office in the jobsite		
	Verified by the	ment Contract or Offer of Employment Philippines Overseas Labor Office (POLO) by the Philippine Embassy/Consulate for countries with no POLO		
	Company Profile, Business licen	se/commercial registration of the employer		
	POLO Endorsement Letter addr	essed to the Administrator seeking exemption from the ban on direct-hirir	ıg	
	and Canadian Letter an (Province of Saskatche	uirements: Opinion (LMO), Labor Market Impact Assessment (LMIA) for d Employer's Certificate of Registration from ECON wan Executive Council) or Saskatchewan Immigration P) approval are required from workers to Saskatchewan		
		pplication and Notice of Action n countries- Contingency plan issued by the employer		
	Additional documents to suppo Certificate of employmer Diploma and Transcript o NC II/PRC license Curriculum Vitae/Resume	it or Business Permit: If self-employed f Records (TOR)		
	under Section 37-A of RA 8042	e coverage covering at least the benefits provided as amended; ortal Remains/In case of Death		
	Notarized Statement on how the photocopy of employer's passp	e workers secured his/her employment with attached ort/ID and contact details		
TIME CLC	DSED:			
PHASE 2				
TIME REC	CEIVED:			
	E-Registration Account Compliance Form <i>(if necessary</i> Valid Medical Certificate from	) DOH-accredited medical clinic authorized to conduct medical exam for OF\	- Vs	
	Pre-Employment Orientation Seminar Certificate (PEOS)			
	•	ninar (PDOS) Certificate issued by OWWA		
	POEA Clearance (for employer	s under Section 124d of the POEA Revised Rules & Regulations)		
TIME CLOSED:				
	ACTION TAKEN:	_ Returned due to incomplete documents	Othe	ers
	RECEIVING OFFICER: RECEIVED BY		/: /:	
	PRINTED NAME & SIGNATURE DATE:		PRINTED NA	ME & SIGNATURE

QUEUE NO.\_\_\_\_