

CHECKLIST OF REQUIREMENTS FOR EVALUATION OF DIRECT HIRE APPLICATION

HOUSEHOLD SERVICE WORKERS (HSWs)

(All documents to be submitted must be in duplicates)

WORKER : _____
 EMPLOYER : _____
 WORKSITE : _____
 POSITION : _____

**DOCUMENTARY REQUIREMENTS
 PHASE 1**

TIME RECEIVED:	Remarks
<input type="checkbox"/> Passport with validity period of not less than six (6) months	_____
<input type="checkbox"/> Valid Work Visa, Entry/Work Permit (whichever is applicable per country). If visa assurance or guarantee is issued by employer, the same should be noted/acknowledged by the Government or Immigration Office in the jobsite	_____
<input type="checkbox"/> Employment Contract: _____ Original copy of Employment Contract or Offer of Employment _____ Verified by the Philippines Overseas Labor Office (POLO) _____ Authenticated by the Philippine Embassy/Consulate for countries with no POLO	_____
<input type="checkbox"/> POLO Endorsement Letter addressed to the Administrator seeking exemption from the ban on direct-hiring	_____
<input type="checkbox"/> Additional country-specific requirements: a. Canada- Labor Market Opinion (LMO), Labor Market Impact Assessment (LMIA) for and Canadian Letter and Employer's Certificate of Registration from ECON (Province of Saskatchewan Executive Council) or Saskatchewan Immigration Nominee Program (SINP) approval are required from workers to Saskatchewan in lieu of LMO b. USA- Labor Condition Application and Notice of Action c. Middle East and African countries- Contingency plan issued by the employer	_____
<input type="checkbox"/> Certificate of insurance coverage covering at least the benefits provided under Section 37-A of RA 8042 as amended; ✓ Repatriation of Remains/Mortal Remains/In case of Death	_____
<input type="checkbox"/> TESDA National Certificate II (NC-II) for Domestic Workers	_____
<input type="checkbox"/> Notarized Statement on how the workers secured his/her employment with attached photocopy of employer's passport/ID and contact details	_____

TIME CLOSED:

PHASE 2

TIME RECEIVED:	
<input type="checkbox"/> E-Registration Account	_____
<input type="checkbox"/> Compliance Form <i>(if necessary)</i>	_____
<input type="checkbox"/> Valid Medical Certificate from DOH-accredited medical clinic authorized to conduct medical exam for OFWs	_____
<input type="checkbox"/> Pre-Employment Orientation Seminar Certificate (PEOS)	_____
<input type="checkbox"/> Pre-Departure Orientation Seminar (PDOS) Certificate issued by OWWA	_____
<input type="checkbox"/> Comprehensive Pre-Departure Education Program (CPDEP) Certificate by OWWA	_____
<input type="checkbox"/> POEA Clearance (for employers under Section 124d of the POEA Revised Rules & Regulations)	_____

TIME CLOSED:

ACTION TAKEN: _____ Returned due to incomplete documents _____ Others

RECEIVING OFFICER:

 PRINTED NAME & SIGNATURE
 DATE: _____

RECEIVED BY:

 PRINTED NAME & SIGNATURE
 DATE: _____
 QUEUE NO. _____