



CHECKLIST OF REQUIREMENTS FOR APPOINTMENT PROCESSING (NEW HIRE)



FORM NO.: BOC SOM-F-HRM-003

EFFECTIVE DATE: October 1, 2023

VERSION: 1

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INSTRUCTION: Accomplish the attached forms and transmit to HRMD.

NAME: _____

POSITION: _____

GROUP/PORT: _____

SERVICE/SUB-PORT: _____

DIVISION: _____

1. PRE-EMPLOYMENT REQUIREMENTS

DOCUMENTARY REQUIREMENT & TOTAL NUMBER OF COPIES	NO. OF COPIES FOR HRMD		NO. OF COPIES FOR GROUP/PORT	NO. OF COPIES FOR APPOINTEE
	FOR 201 FILE	FOR CSC		
<input type="checkbox"/> APPOINTMENT FORMS – CS FORM 33-A, REVISED 2018 (Prior to submission to CSC) (to be provided by the HRMD)	-	3 ORIGINAL	1 PHOTOCOPY	1 ORIGINAL
<input type="checkbox"/> PERSONAL DATA SHEET WITH WORK EXPERIENCE SHEET – CS FORM NO. 212, REVISED 2018	1 ORIGINAL	1 ORIGINAL	1 ORIGINAL	-
<input type="checkbox"/> MEDICAL CERTIFICATE – CS FORM NO. 211 <input type="checkbox"/> BLOOD TEST <input type="checkbox"/> URINALYSIS <input type="checkbox"/> CHEST X-RAY <input type="checkbox"/> DRUG TEST <input type="checkbox"/> PSYCHOLOGICAL TEST (1-ORIGINAL) FOR EG/IG APPOINTEES: <input type="checkbox"/> EURO-PSYCHIATRIC EXAMRESULT	1 ORIGINAL	-	1 PHOTOCOPY	-
<input type="checkbox"/> NBI CLEARANCE	1 ORIGINAL	-	1 PHOTOCOPY	-
<input type="checkbox"/> DIPLOMA/CERTIFICATE OF GRADUATION	1 CERTIFIED COPY BY SCHOOL	-	1 PHOTOCOPY	-
<input type="checkbox"/> TRANSCRIPT OF RECORDS	1 CERTIFIED COPY BY SCHOOL	-	1 PHOTOCOPY	-
<input type="checkbox"/> AUTHENTICATED ELIGIBILITY/IES OR PRC LICENSE – WITH OFFICIAL RECEIPT	-	1 ORIGINAL	1 PHOTOCOPY	-



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<input type="checkbox"/> CERTIFICATE OF LIVE BIRTH & MARRIAGE CERTIFICATE - IF APPLICABLE	1 ORIGINAL	-	1 PHOTOCOPY	-
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2. REQUIREMENTS UPON ASSUMPTION TO BE SUBMITTED TO THE DESIGNATED PORT/DIVISION/GROUP ON _____, 2020

DOCUMENTARY REQUIREMENT & TOTAL NUMBER OF COPIES	NO. OF COPIES FOR HRMD		NO. OF COPIES FOR GROUP/PORT	NO. OF COPIES FOR APPOINTEE
	FOR 201 FILE	FOR CSC		
<input type="checkbox"/> OATH OF OFFICE – CS FORM NO. 32, REVISED 2018 (to be provided by the HRMD)	1 ORIGINAL	1 ORIGINAL	1 ORIGINAL	1 ORIGINAL
<input type="checkbox"/> CERTIFICATE OF ASSUMPTION – CS FORM NO. 4, REVISED 2018 (to be provided by the HRMD)	1 ORIGINAL	1 ORIGINAL	1 ORIGINAL	1 ORIGINAL
<input type="checkbox"/> POSITION DESCRIPTION FORM – DBM-CSC FORM NO. 1, REVISED 2018 (to be provided by the HRMD)	1 ORIGINAL	1 ORIGINAL	1 ORIGINAL	1 ORIGINAL
<input type="checkbox"/> STATEMENT OF ASSETS, LIABILITIES AND NET WORTH AS OF DATE OF ASSUMPTION	3 ORIGINAL	1 ORIGINAL	1 PHOTOCOPY	-
<input type="checkbox"/> UMID CARD	1 PHOTOCOPY	-	1 PHOTOCOPY	-
<input type="checkbox"/> BIR 1902 OR 2305 FORM	1 PHOTOCOPY	-	1 PHOTOCOPY	-
<input type="checkbox"/> PAG-IBIG MEMBERSHIP FORM	1 ORIGINAL	-	1 PHOTOCOPY	-
<input type="checkbox"/> PHILHEALTH MEMBERSHIP FORM	1 ORIGINAL	-	1 PHOTOCOPY	-
<input type="checkbox"/> GSIS MEMBERSHIP FORM	2 ORIGINAL	-	1 PHOTOCOPY	-
<input type="checkbox"/> LANDBANK FORM OR PHOTOCOPY OF ATM CARD	1 PHOTOCOPY	-	1 PHOTOCOPY	-
OTHERS	1 ORIGINAL	-	1 PHOTOCOPY	-



PROFESSIONALISM

INTEGRITY

ACCOUNTABILITY

BUREAU OF CUSTOMS-SUB-PORT OF MACTAN

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<input type="checkbox"/> 1 PC. 2X2 I.D. PICTURE (1-ORIGINAL)				
<input type="checkbox"/> I.D. RENEWAL/UPDATE FORM (1-ORIGINAL)				