**CHECKLIST OF REQUIREMENTS FOR EVALUATION OF DIRECT HIRE APPLICATION**

**PROFESSIONAL AND SKILLED WORKERS**

**BASIC SALARY**: {{salary}} USD

PER MONTH

**CONTRACT DURATION**: \_\_ months

**DHP**: 0

**NO DMW/POEA RECORD** ✓

**EX-OFW**

LAST RECORD:

***(All documents to be submitted must be in MWPS-Direct)***

**WORKER : {{name}}**

**EMPLOYER : {{employer}}**

**WORKSITE : {{jobsite}}**

**POSITION : {{position}}**

**DOCUMENTARY REQUIREMENTS FOR CLEARANCE FROM THE DIRECT HIRE BAN**

**TIME RECEIVED: Remarks**

**ATTACHED**

(PASSPORT NUMBER AND EXPIRY) DATE

**✓**

**Passport with validity period of not less than one (1) year *(POEA Advisory 42, series of 2019)*  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**ATTACHED**

VISA TYPE:

VALIDITY:

**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.**

**✓**

**✓**

**Employment Contract or Offer of Employment (ORIGINAL COPY) (3)**

**✓**

**\_\_\_\_\_ Verified by the Philippines Overseas Labor Office (POLO) \_\_\_\_\_ Authenticated by the Philippine Embassy/Consulate for countries with no POLO.**

**\_\_\_\_\_ Apostille with POLO Verification *(MC 8, series of 2019)***

**\_\_\_\_\_ Apostille with Philippine Embassy Acknowledgment *(MC 8, series of 2019)***

**ATTACHED**

\_\_(MWO OFFICE)\_\_

ISSUED:

**\_\_\_\_\_ Notarized Employment Contract for DFA/Philippine Government Official Posted Overseas’ Private Staff**

**\_\_\_\_\_ Notice of Appointment with confirmation from SPAIN Embassy for JET Recipients**

**\_\_\_\_\_ Employment contract with confirmation from SEM (Swiss Government) for Stagiaires Recipient \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**✓**

**Additional country-specific requirements:**

1. **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 required from workers to**

**Saskatchewan in lieu of LMO**

1. **USA- Labor Condition Application and Notice of Action**
2. **Middle East and African countries- Contingency plan issued by the employer \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_(EXPERIENCE)\_\_\_\_\_(4)**

**✓**

**ATTACHED**

**TESDA NC II/PRC License \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Compliance Form *(Print from MWPS-Direct if necessary)* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Valid Medical Certificate from DOH-accredited medical clinic authorized to conduct medical exam for OFWs.**

* **For African Countries – Yellow fever vaccination card by Bureau of Quarantine \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Pre-Employment Orientation Seminar Certificate (PEOS) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Clearance \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Proof of certificate of insurance coverage covering at least the benefits provided**

**under Section 37-A of RA 8042 as amended;**

* **Repatriation in case of Death**
* **For drivers – Vehicle Insurance from Employer \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**DOCUMENTARY REQUIREMENTS FOR OEC ISSUANCE (APPROVED STATUS IN MWPS-Direct)**

**E-Registration Account *(Print from MWPS-Direct Registration Form)* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Pre-Departure Orientation Seminar (PDOS) Certificate issued by OWWA \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**RECEIVING OFFICER: RECEIVED BY:**

**\_\_\_{{evaluator}}\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**PRINTED NAME & SIGNATURE PRINTED NAME & SIGNATURE**

**DATE: \_\_{{** **created\_date }}\_\_\_ DATE: \_\_{{** **created\_date }}\_\_\_**

**TIME CLOSED: QUEUE NO.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Note: This form is non-transferable and is issued for the sole purpose of above-stated worker only. Unauthorized replication of this form shall be dealt with accordingly.**