



**2x2 ID PHOTO**  
(Paste or securely attach your photo here. Photos must have a white background and must be taken within the last 6 months.)

## SECURITY IDENTIFICATION BADGE APPLICATION

**THIS FORM MUST BE TYPED. PLEASE DO NOT BEND OR FOLD.**

*All sections must be completed in **BLACK INK** only. Incomplete forms will be rejected. Other Names Used (Include ALL previous names including maiden, nicknames, or aliases)*

### SECTION 1 – BIOGRAPHIC INFORMATION

|  |  |   |                  |
|--|--|---|------------------|
| LAST NAME:   | FIRST NAME:                              | MIDDLE NAME:  | SUFFIX (if any): |
| SANOY  | JOSEPHINE                                | OMANDAM   |                  |
| MAIDEN LAST NAME (if applicable):  | OTHER NAMES USED (Aliases / Nicknames):  |   |                  |
|  | JOSH                                     |   |                  |
| HOME ADDRESS:  | CITY:                                    | PROVINCE:   | ZIP CODE:        |
| B4 L38 SEASIDE SQUARE TAMBO PARAÑAQUE CITY   | PARAÑAQUE                                | METRO MANILA  | 1701             |
| PROVINCIAL ADDRESS (if different from Home Address):   | CITY:                                    | PROVINCE:   | ZIP CODE:        |
|  |  |   |                  |
| DATE OF BIRTH (MM/DD/YYYY):  | CIVIL STATUS:                            | HEIGHT (cm):  | WEIGHT (kg):     |
| 10/17/1998   | SINGLE                                   | 157   | 55               |
| MOBILE NUMBER:   | EMAIL ADDRESS:                           | GENDER:   |                  |
| 09852999998  | josephinesanoy1@gmail.com                | FEMALE  |                  |
| <b>NON-FILIPINO CITIZENSHIP INFORMATION (if applicable)</b><br>Complete this section only if you are not a Filipino citizen. Attach all required supporting documents. |  |   |                  |
| PASSPORT NUMBER:   | ISSUE DATE (MM/DD/YYYY)                  | EXPIRATION DATE (MM/DD/YYYY)                              | PLACE OF ISSUE   |
| N/A  | N/A                                      | N/A   | N/A              |
| CITIZENSHIP COUNTRY:   | VISA NUMBER:                             | VISA TYPE (Attach a copy of the visa from your passport): |                  |
| N/A  | N/A                                      | N/A   |                  |
| CITY OF BIRTH:   | VISA ISSUANCE DATE (MM/DD/YYYY):         | VISA EXPIRY DATE (MM/DD/YYYY):                            |                  |
| N/A  | N/A                                      | N/A   |                  |
| COUNTRY OF BIRTH:  | ALIEN CERTIFICATE REGISTRATION (ACR) NO: | ACR EXPIRATION DATE (MM/DD/YYYY):                         |                  |
| N/A  | N/A                                      | N/A   |                  |
| <b>Note:</b> All information provided must be accurate and complete. Incomplete or incorrect forms will not be processed.  |  |   |                  |

## SECTION 2 – AUTHORIZED SIGNATORY INFORMATION

For authorized signatory use only. Do not write below this line.

|   |  |   |  |  |   |
|---|--|---|--|--|---|
| <b>COMPANY NAME:</b><br>SERBIZ MULTI-PURPOSE COOPERATIVE  |  | <b>COMPANY ADDRESS:</b><br>UNIT 203, 2F, SAN BUENA BLDG, NO. 9, SHAW BLVD, COR PIONEER ST, BRGY SAN ANTONIO, PASIG CITY |  | <b>COMPANY PHONE NUMBER:</b><br>634-4961/634-3235                  |   |
| <b>AUTHORIZED SIGNATORY INFORMATION</b>   |  |   |  |  |   |
| <b>NAME</b> (Last, First, Middle):<br>COLINA, ANGELOU, CARANOG  |  | <b>POSITION:</b><br>ACCOUNT MANAGER   |  | <b>PHONE NUMBER:</b><br>09197831259                                |   |
| <b>EMAIL ADDRESS:</b><br>COLINS.ANGELOU@GMAIL.COM   |  |   |  |  |   |
| <b>HEAD OF COMPANY / STAKEHOLDER INFORMATION</b>  |  |   |  |  |   |
| <b>NAME</b> (Last, First, Middle):<br>GONZALES, NONITO  |  | <b>POSITION:</b><br>MANAGING DIRECTOR   |  | <b>PHONE NUMBER:</b><br>09998880031                                |   |
| <b>EMAIL ADDRESS:</b><br>NONITOGONZALEZ@YAHOO.COM   |  |   |  |  |   |
| <b>EMPLOYEE INFORMATION TO BE PROVIDED BY EMPLOYER</b>  |  |   |  |  |   |
| <b>EMPLOYEE / EMPLOYMENT TYPE:</b><br><input type="checkbox"/> Direct Employee <input type="checkbox"/> Other (Specify):<br><input type="checkbox"/> Contractual Employee   |  | <b>EMPLOYEE TITLE:</b><br>SERVICE CREW  |  | <b>EMPLOYEE DEPARTMENT / DIVISION:</b><br>JOLLIBEE NAIA TERMINAL 1 |   |
| <b>JOB DESCRIPTIONS / DUTIES AND RESPONSIBILITIES</b> (Attach extra sheet if necessary):<br><br>Assists passengers in dining/retail outlets by handling orders, transactions, and food/beverage preparation, ensuring compliance with safety protocols, working flexible shifts, and delivering efficient customer service with strong communication skills and physical stamina. |  |   |  |  |   |
| <b>APPLICATION PURPOSE:</b><br><input checked="" type="checkbox"/> ASNew / First<br><input type="checkbox"/> Renewal<br><input type="checkbox"/> Reprint (Change of Information)  |  |   | <b>ID TYPE:</b><br><input checked="" type="checkbox"/> Permanent (24 months)<br><input type="checkbox"/> Temporary (30 days) |  | <b>DESIGNATIONS &amp; PRIVILEGES:</b><br><input type="checkbox"/> Airside Driver<br><input type="checkbox"/> Emergency Access Authorization |
| <b>ZONE</b>   | <b>WORK AREAS</b>  |   |  | <b>DESIGNATION</b>   | <b>NNIC PCO APPROVAL</b>  |
| <b>BLUE</b>   | <input type="checkbox"/> T1 Basement, Arrival Curbside-Lobby, Departure Check-in, 4th Level<br><input type="checkbox"/> T2 Rotunda, Arrival Lobby, Departure Check-in<br><input type="checkbox"/> T3 Basement, Loading Docks, Mezzanine, Departure Check-in, Coastal Alleys<br><input type="checkbox"/> T4 Departure Check-in<br><input type="checkbox"/> ICT Interior Building<br><input type="checkbox"/> Crash Gate Outer<br><input type="checkbox"/> ASIA<br><input type="checkbox"/> SOU<br><input type="checkbox"/> PNP-HQS  |   |  | Controlled Landside  |   |
| <b>RED</b>  | <input type="checkbox"/> T1 Arrival Customs, Immigration, Concourse, Departure Immigration, Final Check<br><input type="checkbox"/> T2 North/South Wing Arrival Baggage Hall, Departure Final Check<br><input type="checkbox"/> T3 South Wing International: Arrival Customs, Immigration, Transit Security, Concourse<br><input type="checkbox"/> T3 North Wing Domestic: Arrival Baggage Hall, Concourse, Departure Final Check<br><input type="checkbox"/> T4 Arrival Baggage Hall, Departure Final Check<br><input type="checkbox"/> General Aviation Area (GAA)   |   |  | Airside CIQ Areas  |   |
| <b>GREEN</b>  | <input type="checkbox"/> T1 Sterile Area (after final check to gate)<br><input type="checkbox"/> T2 Sterile Area<br><input type="checkbox"/> T3 Sterile Area<br><input type="checkbox"/> T4 Sterile Area   |   |  | Airside Security Restricted Area                                   |   |
| <b>ORANGE</b>   | <input type="checkbox"/> T1 Ramp, Apron, Baggage Make-up Area, Aircraft Movement Area, Cabin<br><input type="checkbox"/> T2 Ramp, Apron, Baggage Make-up Area, Aircraft Movement Area, Cabin<br><input type="checkbox"/> T3 Ramp, Apron, Baggage Make-up Area, Aircraft Movement Area, Cabin, Cargo<br><input type="checkbox"/> T4 Ramp, Apron, AMA<br><input type="checkbox"/> ICT: Ramp, Apron, AMA<br><input type="checkbox"/> Crash Gate Inner<br><input type="checkbox"/> Nursery<br><input type="checkbox"/> Radar<br><input type="checkbox"/> RFD<br><input type="checkbox"/> Balabag<br><input type="checkbox"/> Perimeter Roads |   |  | Airside Security Restricted Area                                   |   |

|   |                         |  |                         |                               |  |
|---|-------------------------|--|-------------------------|-------------------------------|--|
| <b>YELLOW</b>   |                         | <input type="checkbox"/> All Areas, All Levels |                         |                               |  |
| <b>EMPLOYMENT HISTORY FOR THE LAST FIVE YEARS</b><br>To be completed by the employee and verified by the current employer. List most recent / current employment first. |                         |  |                         |                               |  |
| <b>EMPLOYER NAM</b>   |                         | <b>EMPLOYER ADDRESS:</b>                       |                         | <b>EMPLOYER PHONE NUMBER:</b> |  |
| <b>FROM</b><br>(MM/DD/YYYY):  | <b>TO</b> (MM/DD/YY     | <b>JOB TITLE:</b>                              | <b>SUPERVISOR NAME:</b> | <b>REASON FOR LEAVING:</b>    |  |
| If the employee has an unemployment gap of more than 6 months, please provide an explanation and how the gap was verified.  |                         |  |                         |                               |  |
| <b>EMPLOYER NAME:</b>   |                         | <b>EMPLOYER ADDRESS:</b>                       |                         | <b>EMPLOYER PHONE NUMBER:</b> |  |
| <b>FROM</b><br>(MM/DD/YYYY):  | <b>TO</b> (MM/DD/YYYY): | <b>JOB TITLE:</b>                              | <b>SUPERVISOR NAME:</b> | <b>REASON FOR LEAVING:</b>    |  |
| If the employee has an unemployment gap of more than 6 months, please provide an explanation and how the gap was verified.  |                         |  |                         |                               |  |
| <b>EMPLOYER NAME:</b>   |                         | <b>EMPLOYER ADDRESS:</b>                       |                         | <b>EMPLOYER PHONE NUMBER:</b> |  |
| <b>FROM</b><br>(MM/DD/YYYY):  | <b>TO</b> (MM/DD/YYYY): | <b>JOB TITLE:</b>                              | <b>SUPERVISOR NAME:</b> | <b>REASON FOR LEAVING:</b>    |  |
| If the employee has an unemployment gap of more than 6 months, please provide an explanation and how the gap was verified.  |                         |  |                         |                               |  |
| <b>EMPLOYER NAME:</b>   |                         | <b>EMPLOYER ADDRESS:</b>                       |                         | <b>EMPLOYER PHONE NUMBER:</b> |  |
| <b>FROM</b><br>(MM/DD/YYYY):  | <b>TO</b> (MM/DD/YYYY): | <b>JOB TITLE:</b>                              | <b>SUPERVISOR NAME:</b> | <b>REASON FOR LEAVING:</b>    |  |
| If the employee has an unemployment gap of more than 6 months, please provide an explanation and how the gap was verified.  |                         |  |                         |                               |  |

|  |  |  |  |  |  |
|--|--|--|--|--|--|
| <b>EMPLOYEE ENDORSEMENT</b><br>To be completed and signed by the authorized signatory. |  |  |  |  |  |
|--|--|--|--|--|--|

As the Authorized Representative of [ JOLLIBEE NAIA TERMINAL 1 ], please accept my endorsement of [ \_\_\_\_\_ ] for an ID and access pass issued by NNIC. I certify that the individual is a representative of [ JOLLIBEE NAIA TERMINAL 1 ] and that the employment background verification has been completed, including verification of any gaps of 6 months or longer.

I attest to the completeness of this application with the following requirements:

- ☐ Completed NNIC ID Application Form
- ☐ Employee's 2x2 facial photo with a white background taken within 6 months
- ☐ Employee's NBI or PNP Clearance, or equivalent for aliens (attach a clear copy to avoid processing delays)
- ☐ Photocopy of employee company ID

\_\_\_\_\_  
PRINTED NAME & SIGNATURE OF AUTHORIZED SIGNATORY (DATE)

### SECTION 3 – TRAINING

This section is for NNIC-sponsored Trainings ONLY.

| AVIATION SECURITY AWARENESS TRAINING            |  | AUTHORIZED SIGNATORY TRAINING                   |  |
|---|--|---|--|
| INITIAL OR RECURRENT:                           |  | INITIAL OR RECURRENT:                           |  |
| DATE ATTENDED:                                  |  | DATE ATTENDED:                                  |  |
| LOCATION:                                       |  | LOCATION:                                       |  |
| TEST SCORE:                                     |  | TEST SCORE:                                     |  |
| _____<br>PRINTED NAME & SIGNATURE OF INSTRUCTOR |  | _____<br>PRINTED NAME & SIGNATURE OF INSTRUCTOR |  |
| OTHER TRAINING:                                 |  | OTHER TRAINING:                                 |  |
| INITIAL OR RECURRENT:                           |  | INITIAL OR RECURRENT:                           |  |
| DATE ATTENDED:                                  |  | DATE ATTENDED:                                  |  |
| LOCATION:                                       |  | LOCATION:                                       |  |
| TEST SCORE:                                     |  | TEST SCORE:                                     |  |
| _____<br>PRINTED NAME & SIGNATURE OF INSTRUCTOR |  | _____<br>PRINTED NAME & SIGNATURE OF INSTRUCTOR |  |

### DATA PRIVACY NOTICE

Access to any of New NAIA airports is strictly controlled for the safety and security of everyone in the airport.

Personal information and sensitive personal information provided through this NNIC Access Pass/ID Application/Endorsement Form, and which may be collected by NNIC about you, employees who are endorsed to be given NNIC Access Passes, will be processed for the purposes of (1) Verifying your identity in relation to your Application; (2) Evaluating your Application and conducting a background check; (3) Processing, including issuing and replacing your Access Pass; (4) Communicating with you in relation to your Access Pass, related announcements, and promoting products and services that may be of interest to you and your representatives; (5) NNIC operations and management reporting; (6) Aiding in investigations during incidents; (7) Compliance with regulatory and government requirements; (8) Other processing for the legitimate business interest of NNIC.

Personal Data may be disclosed by NNIC to its authorized affiliates, third-party providers, airport partners, aviation security authorities, including regulatory and government agencies, which are necessary for the same purposes enumerated above. NNIC will keep secure the Personal Data using appropriate technical, organizational, and physical security measures to protect Personal Data from unauthorized access, alteration, disclosure, fraudulent misuse, and/or any other unlawful processing, as well as other natural and human dangers. We will dispose of data five (5) years after the deactivation of the Access Pass.

Should you have any questions and/or concerns regarding this Statement, NNIC's use of your Personal Data, or your rights in relation thereto under the Data Privacy Act of 2012, please do not hesitate to contact the NNIC Data Protection Officer at the following: [dpo@newnaia.com](mailto:dpo@newnaia.com).

## DISQUALIFYING CRIMES ACKNOWLEDGEMENT

Per **Section 8.11.6** of the **National Civil Aviation Security Program of the Philippines**, an access permit **shall not be issued** if the applicant has been convicted of any of the following crimes:

**I confirm that I have not been convicted of any of the following disqualifying crimes:**

- |   |  |
|---|--|
| 1. Possession, use, or trafficking of illegal drugs | 13. Smuggling  |
| 2. Illegal possession and use of firearms           | 14. Violation of immigration laws  |
| 3. Extortion  | 15. Arson  |
| 4. Direct bribery                                   | 16. Kidnapping   |
| 5. Robbery  | 17. Rape   |
| 6. Membership in a criminal organization            | 18. Sexual assault   |
| 7. Estafa   | 19. Direct assault   |
| 8. Espionage or conspiracy to commit espionage      | 20. Maliciously conveying false information about explosives or lethal devices in or against public places, government facilities, transport systems, or infrastructure. |
| 9. Treason or conspiracy to commit treason          | 21. Other offenses under the Revised Penal Code or Special Penal Laws as determined by the airport operator and / or OTS.  |
| 10. Murder  |  |
| 11. Homicide Code                                   |  |
| 12. Serious physical injury                         |  |

### AFFIRMATION OF COMPLIANCE

**I swear or affirm that I have not been convicted of any of the listed disqualifying crimes.**

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SIGNATURE OVER PRINTED NAME & DATE

**I swear or affirm that if, at any time after receiving my airport ID from NNIC, I am convicted of any of the listed disqualifying crimes, I will immediately notify NNIC Security.**

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SIGNATURE OVER PRINTED NAME & DATE

## RESPONSIBILITIES

1. I understand that my NNIC ID must be visibly displayed on my outermost garment at all times while on duty at NAIA.
2. I understand that I am not allowed to report to work at NAIA unless I am in possession of my NNIC ID.
3. I understand that if my NNIC ID is lost or stolen, I must immediately report this to my immediate supervisor or the nearest NNIC Pass Control Office.
4. I understand my NNIC ID is the property of NNIC, and I will surrender it upon request.
5. I understand my NNIC ID is not transferable to other individuals.
6. I understand that it is my responsibility to challenge or report all individuals in the Security Restricted Area (SRA) who are not visibly displaying proper ID media.
7. I understand it is my responsibility to properly escort individuals when directed and to maintain control over them at all times within any SRA.
8. I understand it is my responsibility to immediately report any suspicious activity to my immediate supervisor or law enforcement.
9. I understand my NNIC ID is to be used for official business purposes only, and I will never use it for personal or off-duty purposes.
10. I understand that I must return my NNIC ID to my immediate supervisor or the NNIC Pass Control Office if it is no longer needed for my official duties.
11. I understand that violating security rules or misusing my NNIC ID in any way may result in my NNIC ID being permanently revoked.
12. I understand that I can never use my NNIC ID to travel as a passenger and that I must undergo final screening the same as all other travelers.

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SIGNATURE OVER PRINTED NAME & DATE

I swear or affirm that all information provided by me in this NNIC ID application form is true and accurate to the best of my knowledge and belief and is provided in good faith.

---

SIGNATURE OVER PRINTED NAME & DATE

| PAYMENT INFORMATION           |                |
|-------------------------------|----------------|
| PAID BY (Company Name)        |                |
| OFFICIAL RECEIPT NO. AND DATE | PAYMENT AMOUNT |

| NNIC INTELLIGENCE AND INVESTIGATION DIVISION VETTING CLEARANCE   |   |   |                           |
|--|---|---|---------------------------|
| <input type="checkbox"/> Employment Check by Employer  | <input type="checkbox"/> NBI and PNP Records Reviewed | <input type="checkbox"/> NICA Clearance | VETTING CLEARANCE NUMBER: |
| I hereby certify that the background and security check has been successfully completed, and the applicant has passed the vetting process. |   |   |                           |
| <hr/> <p>SIGNATURE OVER PRINTED NAME &amp; DATE</p>  |   |   |                           |