SOLSTICE
LIFE ABOVE ALL

IDENTIFICATION CARD FORM

The information contained in this form is confidential and shall be used exclusively for the above-stated purposes. Under no circumstance shall <Name of Condo. Corp.> be liable for any illegal or unauthorized use of the information contained herein.

APPLICANT'S DATA

Please check (✓) if: ☐ New application ☐ Renewal	Employment Category: ☐ Stay-In / Full time ☐ Stay-Out / Part time	Position: ☐ House Helper ☐ Nanny ☐ Driver	☐ Bodyguard ☐ Nurse ☐ Construction Worker ☐ Others: _____
Last Name:	First Name:	Middle Name:	Unit No. / Tower:
Home Address:			Landline No.:
Mobile No.:	Civil Status: ☐ Single ☐ Married ☐ Widowed		Spouse's Name (if married):
Person to Contact in case of Emergency:	Relation:		Contact No/s:

REQUIRED DOCUMENTS

- ☐ Payment
- ☐ 1x1 Picture
- ☐ Filled-out form
- ☐ Photocopy of NBI / Police Clearance
- ☐ Government-Issued ID:
  - ☐ SSS ID
  - ☐ Pag-Ibig ID
  - ☐ Driver's License

OWNER'S UNDERTAKING

I certify that the above-written data is true and correct

I am allowing my staff to enter and leave the premises while they are working for me.

I agree to inform the Administration Office as soon as I terminate their services and to surrender their ID before they leave the property.

Submitted by:

_____
Employer's Signature over Printed Name

Endorsed by:

_____
Employee's Signature over Printed Name

FOR ADMINISTRATION USE

Date of ID Released (m/d/y): ____/____/____	OR Issued: OR # _____	ID No.:

1x1

Distribution to (1) Admin Office (2) Security.