

## Name List of Employees ( First Time Application )

Name of List Prepared Unit : \_\_\_\_\_ ( Please use official unit seal/stamp )

Unit Chief : \_\_\_\_\_ ( Signature/Seal )

List Prepared Date : \_\_\_\_\_ (Year) \_\_\_\_\_ (Month) \_\_\_\_\_ (Day)

Serial No.					
Name					
National Identification No.					
Birth Date (Year/Month/Day)					
Date of Hiring Registration					
Date Hired and Joined the Labor Insurance					
Work Hours per Week					
Address of Household Registration and Telephone					
On the Job or not ( Date of Separation )					
Months Applied for					
Remarks					

Sum of the above \_\_\_\_\_ persons

Remarks : Please describe employees' status (involuntarily unemployment workers, female household bread-earners, middle and old aged, disabled, aboriginal, family under living allowances) in the column of remarks.