

BGC APPLICATION FORM

Employee Name:(First)	(Middle)	(Last)
IBM Employee No :		
Employment Record Note: If you are a fresher, please specify "NA" in all the fields below		
Employer 1 Name (Most recent):		
EMP ID: L	ast working day:	(DD/MMM/YYYY)
INFORMATION RELEASE AUTHORIZATION (TO BE SIGNED BY THE CANDIDATE) I certify that the statements made in this application are valid and complete to the best of my knowledge. I understood that false or misleading information may result in termination of employment If upon investigations, any of this information is found to be incomplete or inaccurate, I understand that I will be subject to dismissal at any time during my employment. I hereby authorize IBM and/ or any of its subsidiaries or affiliates, and any persons or organizations acting on its behalf to verify the information presented on this application form and to procure an investigative report or consumer report for that purpose. I hereby grant authority for the bearer of this letter to access or be provided with full details of my previous records. In addition, please provide any other pertinent information requested by the individuals presenting this authority. I hereby release from liability all persons or I authorize to contact my present employer. I have read, understand and by my signature consent to these statements.		
Employee Name:	(Middle)	(Last)
Signed Date:(DD/MMM/YYYY)	Effective Date:	(DD/MMM/YYYY)