# Please fill all details. Fields marked with \* are mandatory.

*Note: Please avoid using short forms / abbreviations wherever possible.*

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| **PERSONAL DETAILS** | | | **CLIENT # : NAME:** | | **EMPLOYEE ID:** | |
| **\***First Name | | | **\***Middle Name | | **\***Last Name/Surname | |
| **\***Standard format of writing the name: | | | | | | |
| **\***Have you ever changed your name?  YES  NO (Please attach a copy of the name change document)  If YES, name change date: DD/MM/YY | | | | | | |
| Previous Name(s)/Maiden Name (If applicable) | | | First Name | Middle Name | Last Name/Surname | |
| \*Father’s name | | | First Name | Middle Name | Last Name/Surname | |
| **COMPLETE CURRENT ADDRESS:**  **\***Address: | | | | |  | |
| **\***Landmark: **\***City | | | | | **Period of Stay** (DD/MM/YY) | |
| **\***State: PIN | | | | | **\***From: | |
| Landline Telephone Number: | | | | | **\***To: | |
| **PERMANENT ADDRESS:**  **\***Address: | | | | |  | |
| **\***Landmark: **\***City | | | | | **Period of Stay** (DD/MM/YY) | |
| **\***State: PIN | | | | | **\***From: | |
| Landline Telephone Number: | | | | | **\***To: | |
| **\***Gender: |  Male |  Female | | Marital Status: |  Single |  Married |
| **\***Date of Birth: (DD/MM/YY) | | | | **\***Nationality: | | |
| **CONTACT DETAILS**  **\***Email: **\***Mobile: | | | | | | |
| **\***Photo Identification Proof (Attach a copy) | | | | **\***Address Proof (Attach a copy) | |  |
|  Passport  PAN Card | | | |  Lease/Rental Agreement  Bank Statement | | |
|  Driver License  Voter ID | | | |  Landline |  Voter ID | |
| ID NUMBER | | | |  Others |  | |

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| **EDUCATIONAL RECORD – MASTER’S DEGREE / HIGHEST DEGREE**  **(Please attach copy of degree certificates and all year mark sheets)** | | | | |
| **\*** College Name: | | | | |
| **\*** College Address:  City State Country Pin Code Contact Number (Landline) | | | | |
| **\*** University Name: | | | | |
| **\*** University Address:  City State Country Pin Code Contact Number (Landline) | | | | |
| * From (month &year) * To (month & year) | | * Graduated    YES   NO | **\*** Program   Full Time   Part Time   Distance Edu. | **\*** Registration No.  Roll No. |
| **\*** Degree Name | **\*** Subject Major | | **\*** Graduation Date  Month Year | |
| \* Period of Stay during Education: MM/YYYY to MM/YYYY | **\*** Location of Stay during Education: | | | |
| * Copy of the Certificate Attached  YES  NO * Educated Overseas  YES  NO   If YES, please mention Unique Identification Number at Overseas (SSN/TIN): Given name at Overseas: | | | | |

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| **EDUCATIONAL RECORD – Graduation Degree**  **(Please attach copy of degree certificates and all year mark sheets)** | | | | |
| **\*** College Name: | | | | |
| **\*** College Address:  City State Country Pin Code Contact Number (Landline) | | | | |
| **\*** University Name: | | | | |
| **\*** University Address:  City State Country Pin Code Contact Number (Landline) | | | | |
| * From (month &year) * To (month & year) | | * Graduated    YES   NO | **\*** Program   Full Time   Part Time   Distance Edu. | **\*** Registration No.  Roll No. |
| **\*** Degree Name | **\*** Subject Major | | **\*** Graduation Date  Month Year | |
| \* Period of Stay during Education: MM/YYYY to MM/YYYY | **\*** Location of Stay during Education: | | | |
| * Copy of the Certificate Attached  YES  NO * Educated Overseas  YES  NO   If YES, please mention Unique Identification Number at Overseas (SSN/TIN): Given name at Overseas: | | | | |

# EDUCATIONAL QUALIFICATIONS

Note: Please attach more educational sheets if necessary

Please fill all degree/educational qualification details and attach necessary documents.

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| **EDUCATIONAL RECORD – 12th Board / Diploma**  **(Please attach copy of degree certificates and all year mark sheets)** | | | | |
| **\*** College Name: | | | | |
| **\*** College Address:  City State Country Pin Code Contact Number (Landline) | | | | |
| **\*** University Name: | | | | |
| **\*** University Address:  City State Country Pin Code Contact Number (Landline) | | | | |
| * From (month &year) * To (month & year) | | * Graduated    YES   NO | **\*** Program   Full Time   Part Time   Distance Edu. | **\*** Registration No.  Roll No. |
| **\*** Degree Name | **\*** Subject Major | | **\*** Graduation Date  Month Year | |
| \* Period of Stay during Education: MM/YYYY to MM/YYYY | **\*** Location of Stay during Education: | | | |
| * Copy of the Certificate Attached  YES  NO * Educated Overseas  YES  NO   If YES, please mention Unique Identification Number at Overseas (SSN/TIN): Given name at Overseas: | | | | |

# EMPLOYMENT DETAILS

*Note: Please attach more employment sheets if necessary.*

*Please ensure that you are descriptive wherever necessary – For example, if the company no longer exists, acquired, or merged, please do mention it. Employee Code/ ID/ Number are necessary. If your previous employer did not provide you one, please mention and provide us with reasons for the same.*

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| **DETAILS OF CURRENT EMPLOYER OR LATEST EMPLOYER**  *Please attach a copy of your Offer letter / Service Certificate* | |
| * Company Name: * Agency Name (If Any): | |
| **\*** Main Office Address:  Pin Code Contact Number (Landline) Website | |
| **\*** Reporting Branch Office Address:  Pin Code Contact Number (Landline) | |
| **JOB DETAILS**  Employment Period: **\*** From DD / MM / YYYY **\*** To DD / MM / YYYY   * Designation: **\*** Department: * Employee ID/Code: **\*** Employment Type  Permanent  Contractual * Salary (CTC) : | |
| **REPORTING MANAGER’S DETAILS**   * Name: * Designation: * Department: * Present Contact No: * Official Email ID: | **AGENCY NAME & DETAILS (if contractual)**   * Agency Name: * Address: * Contac No: * Email ID: |
| **\* Reason(s) for Leaving:** | |
| **\*** Is this your current employment?  YES  NO  If YES, mention date when verification can be initiated: DD / MM / YYYY | |
| Any other pertinent information: | |

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| **DETAILS OF PREVIOUS EMPLOYERS**  *Please attach a copy of your Relieving letter/Service Certificate* | |
| * Company Name: * Agency Name (If Any): | |
| **\*** Main Office Address:  Pin Code Contact Number (Landline) Website | |
| **\*** Reporting Branch Office Address:  Pin Code Contact Number (Landline) | |
| **JOB DETAILS**  Employment Period: **\*** From DD / MM / YYYY **\*** To DD / MM / YYYY   * Designation: **\*** Department: * Employee ID/Code: **\*** Employment Type  Permanent  Contractual * Salary (CTC): | |
| **REPORTING MANAGER’S DETAILS**   * Name: * Designation: * Department: * Present Contact No: * Official Email ID: | **AGENCY NAME & DETAILS (if contractual)**   * Agency Name: * Address:   \_   * Contact No: * Email ID: |
| **\*** Reason(s) for Leaving: | |
| **\*** Is this your current employment?  YES  NO  If YES, mention date when verification can be initiated: DD / MM / YYYY | |
| Any other pertinent information: | |

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| **UNEMPLOYMENT HISTORY (if any)**  *Please account for all periods of unemployment for the last five years* | |
| **\*** From DD / MM / YYYY **\*** To DD / MM / YYYY | **\*** Reason: |
| **\*** From DD / MM / YYYY **\*** To DD / MM / YYYY | **\*** Reason: |
| **\*** From DD / MM / YYYY **\*** To DD / MM / YYYY | **\*** Reason: |

# PROFESSIONAL REFERENCE DETAILS

*Note: Please attach more reference sheets if necessary*

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| --- | --- | --- | --- | --- |
| **Details** | **Reference 1** | | **Reference 2** | |
| **\*** Reference Full Name |  | |  | |
| **\*** Designation |  | |  | |
| **\*** Company Name |  | |  | |
| **\*** Contact Number |  | |  | |
| **\*** Company Email Address |  | |  | |
| **\*** How do you know this person? |  | |  | |
| **\*** Can the reference be contacted? |  YES |  NO |  YES |  NO |
| If NO, please give the reason why and provide alternate reference | | If NO, please give the reason why and provide alternate reference | |
| **\*** Is the reference linked to current employment? |  YES |  NO |  YES |  NO |
| If YES, please mention the date when the reference can be contacted: | | If YES, please mention the date when the reference can be contacted: | |
| Additional Information |  | |  | |

# MANDATORY SUPPORTING DOCUMENTS/INSTRUCTIONS

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| --- | --- |
| **ADDRESS CHECK** | * Location details along with 2 landmarks & landline telephone numbers |
| **EDUCATION CHECK** | * Photocopy of the degree certificate and final year mark sheet * Registration number or Enrollment Number   **Bangalore University Specific**   * Photocopy of both sides of the degree certificate (The reverse side of the certificate has some information which the University would require). * Copies of Mark sheets / Grade Card for all the years of attendance.   Reg. No., College Name & College contact details are mandatory. |
| **EMPLOYMENT CHECK** | * Photocopy of Relieving / Experience Certificate of each employment * Latest month Salary Slip of each employment   **Current Employment:** Please do not fill details of the company verifying your background. Please fill latest/last employer’s information other than for whom you are being verified. |
| **REFERENCE CHECK** | * Details provided must be of the Reporting Manager at the previous company. Please provide full name, designation, landline telephone numbers and official email ID. |
| **CRIMINAL RECORD CHECK** | * Signed Profile Background Form (First page of this document) * Passport size photographs – 3 * Photo Identification Proof * Address Proof * CID form duly filled and signed ( Where Applicable) |

**INFORMATION RELEASE FORM / CONSENT**

To Whom It May Concern,

I,

(Last Name) (First Name) (Middle Name)

hereby authorize, **cFirst Background Checks LLP** and/or any of its subsidiaries or affiliates or partners or vendors, and any persons or organizations acting on its behalf, to verify information presented on my employment application and to compile a background 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 employment records held by any company or business for which I previously worked. This information should include, but not be restricted to, the dates of employment, designation, details of my salary upon departure and an appraisal of my performance, capabilities and character. I hereby release from liability, all persons or entities requesting or supplying such information.

**Date: Candidate’s Signature**

**Location:**