

# **EMPLOYEE BACKGROUND VERIFICATION FORM**

## **COMPANY FULL NAME :**

Please note that it is mandatory for you to complete the form in all respects. The information you provide must be complete and correct and the same shall be treated in strict confidence. The details on this form will be used for all official requirements should you join the organization.

**Position applied for**

**Job Location**

### **Personal Information**

Full Name (First, Middle, Last)

Former Name / Maiden Name (if Applicable)

Father's Name

Date of Birth (DD/MM/YY)

Gender

- ☐ Male  
☐ Female

Social Security Number (if applicable)

Nationality

Marital Status

**Current Address**

**Period of stay**

**Contact Details for Verification**

**From (Month/Year)**

**Residence Landline Number**

**To (Month/Year)**

**Mobile number**

**Permanent Address**

**Period of stay**

**Contact Details for Verification**

**From (Month/Year)**

**Residence Landline Number**

**To (Month/Year)**

**Mobile number**

### **Education Qualification - Please attach copy of Degree and Final year mark sheet**

**College Name & Address**

**University Name & Address**

**Dates Attended**

**Qualification Gained**

**ID /Roll No**

**From**

**To**

dd/mm/yy

dd/mm/yy

- ☐ Full Time  
☐ Part Time

College Name & Address	University Name & Address	Dates Attended		Qualification Gained	ID /Roll No
		From	To		
2		dd/mm/yy	dd/mm/yy	<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time	

College Name & Address	University Name & Address	Dates Attended		Qualification Gained	ID /Roll No
		From	To		
3		dd/mm/yy	dd/mm/yy	<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time	

College Name & Address	University Name & Address	Dates Attended		Qualification Gained	ID /Roll No
		From	To		
4		dd/mm/yy	dd/mm/yy	<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time	

Please tick mark the documents submitted for this qualification along with this form

☐ Marksheet     
 ☐ Provisional Certificate     
 ☐ Degree Certificate     
 ☐ None

Previous Employment History - Please attach a copy of your relieving letter/service certificate					
Name of Current Employer - 1 {Last Company}			Address of Current Employer		
Telephone No	Employee Code/No		Designation	Department	
Employment Period		Manager's Name	Manager's Contact No	Can a reference taken now? <input type="checkbox"/> Yes <input type="checkbox"/> No	
From	To		Manager's Email ID		
Duties & Responsibilities			Reasons for leaving		
First Salary drawn	Was this Position <input type="checkbox"/> Permanent <input type="checkbox"/> Temporary <input type="checkbox"/> Contractual		Agency Details (if temporary or contractual), provide details		
Last Salary drawn					
Please tick mark the documents submitted for this employment <input type="checkbox"/> Service Certificate <input type="checkbox"/> Relieving letter <input type="checkbox"/> Offer letter <input type="checkbox"/> Any Other (please specify) <input type="checkbox"/> None					
Previous Employment History - Please attach a copy of your relieving letter/service certificate					
<b>Note: Please ensure that you are descriptive wherever necessary – e.g. If company has closed, do mention it. Employee Code/ ID/ Number is mandatory. If your previous employer did not provide one, please mention and state reasons for the same.</b>					
Name of Employer (2)			Address of Employer		
Telephone No	Employee Code/No		Designation	Department	
Employment Period		Manager's Name	Manager's Contact No		
From	To		Manager's Email ID		
Duties & Responsibilities			Reasons for leaving		
First Salary drawn	Was this Position <input type="checkbox"/> Permanent <input type="checkbox"/> Temporary <input type="checkbox"/> Contractual		Agency Details (if temporary or contractual), provide details		
Last Salary drawn					
Please tick mark the documents submitted for this employment <input type="checkbox"/> Service Certificate <input type="checkbox"/> Relieving letter <input type="checkbox"/> Offer letter <input type="checkbox"/> Any Other (please specify) <input type="checkbox"/> None					

**Previous Employment History - Please attach a copy of your relieving letter/service certificate**

Name of Employer (3)		Address of Employer	
Telephone No	Employee Code/No	Designation	Department
Employment Period		Manager's Name	Manager's Contact No
From	To		Manager's Email ID
Duties & Responsibilities		Reasons for leaving	
First Salary drawn	Was this Position <input type="checkbox"/> Permanent <input type="checkbox"/> Temporary <input type="checkbox"/> Contractual	Agency Details (if temporary or contractual), provide details	
Last Salary drawn			
Please tick mark the documents submitted for this employment <input type="checkbox"/> Service Certificate <input type="checkbox"/> Relieving letter <input type="checkbox"/> Offer letter <input type="checkbox"/> Any Other <input type="checkbox"/> None    (please specify)			

**Documents Required (Mandatory)**Education:

- Photocopy of degree certificate and final mark sheet of all examinations

Employment

- Photocopy of relieving / experience letter for each employer mentioned in the form

Government Identity or Address Proof

- Aadhaar Card / Bank Passbook / Passport Copy / Driving License / Voter ID

**Declaration and Authorization**

I hereby authorize GoldQuest Global HR Services Private Limited and its representative to verify information provided in my application for employment and this employee background verification form, and to conduct enquiries as may be necessary, at the company's discretion. I authorize all persons who may have information relevant to this enquiry to disclose it to GoldQuest Global HR Services Pvt Ltd or its representative. I release all persons from liability on account of such disclosure.

I confirm that the above information is correct to the best of my knowledge. I agree that in the event of my obtaining employment, my probationary appointment, confirmation as well as continued employment in the services of the company are subject to clearance of medical test and background verification check done by the company .

Signature: \_\_\_\_\_

Name: \_\_\_\_\_

Date: \_\_\_\_\_