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.

shall be treated in strict	confidence. The details on this form will be	be used for a	all official req	uirements sh	ould you join the organiza	ition.	
	Position applied for				Job Location		
Personal Informatio Full Name (First, Midd			Former N	ame / Maide	n Name (if Applicable)		
Father's Name		Date of Bi	irth (DD/MM/	YY)			
Gender Male Female	Social Security Number (if applicable)		Nationa	ality	Marital Statu	tatus	
	Current Address	I	Period of sta	ıy	Contact Details for Verification		
				ear)	Residence Landline Number		
				ar)	Mobile number		
	Permanent Address		Period of sta	nv	Contact Details for	r Verification	
	Permanent Address						
		Fro _	om (Month/Year)		Residence Landline Number		
	To (Month/Year)			Mobile number			
	_				_		
Education Qualificatio College Name & A	n - Please attach copy of Degree and F Address University Name & Ad		Dates A From	ttended To dd/mm/yy	Qualification Gained	ID /Roll No	
					☐ Full Time ☐ Part Time		

College Name & Address	University Name & Address			Qualification Gained	ID /Roll No
		From	То		
2		dd/mm/yy	dd/mm/yy		
				☐ Full Time	
				□ Part Time	
	<u> </u>				
College Name & Address	University Name & Address	Dates A	Attended	Qualification Gained	ID /Roll No
College Name & Address	Oniversity Name & Address	From	To	Qualification Cameu	ID /IXOII INO
2					
3		dd/mm/yy	dd/mm/yy		
				☐ Full Time	
				□ Full Time □ Part Time	
				□ Part Time	
College Name & Address	University Name & Address	Dates A	attended		ID /Roll No
College Name & Address	University Name & Address	Dates A	attended To	□ Part Time	ID /Roll No
	University Name & Address	From	То	□ Part Time	ID /Roll No
	University Name & Address	From		□ Part Time	ID /Roll No
	University Name & Address	From	То	□ Part Time	ID /Roll No
	University Name & Address	From	То	□ Part Time	ID /Roll No
	University Name & Address	From	То	□ Part Time	ID /Roll No
College Name & Address 4	University Name & Address	From	То	□ Part Time	ID /Roll No
	University Name & Address	From	То	□ Part Time	ID /Roll No
	University Name & Address	From	То	□ Part Time	ID /Roll No
	University Name & Address	From	То	□ Part Time	ID /Roll No
	University Name & Address	From	То	□ Part Time	ID /Roll No
	University Name & Address	From	То	□ Part Time	ID /Roll No
	University Name & Address	From	То	□ Part Time	ID /Roll No
	University Name & Address	From	То	☐ Part Time Qualification Gained	ID /Roll No
	University Name & Address	From	То	□ Part Time Qualification Gained □ Full Time	ID /Roll No
	University Name & Address	From	То	☐ Part Time Qualification Gained	ID /Roll No
4		From dd/mm/yy	То	□ Part Time Qualification Gained □ Full Time	ID /Roll No
4	University Name & Address bmitted for this qualification along with	From dd/mm/yy	То	□ Part Time Qualification Gained □ Full Time	ID /Roll No
Please tick mark the documents su	bmitted for this qualification along with	From dd/mm/yy	To dd/mm/yy	□ Part Time Qualification Gained □ Full Time □ Part Time	ID /Roll No
Please tick mark the documents su	bmitted for this qualification along with	From dd/mm/yy	To dd/mm/yy	□ Part Time Qualification Gained □ Full Time	ID /Roll No
Please tick mark the documents su	bmitted for this qualification along with	From dd/mm/yy	To dd/mm/yy	□ Part Time Qualification Gained □ Full Time □ Part Time	ID /Roll No
Please tick mark the documents su	bmitted for this qualification along with	From dd/mm/yy	To dd/mm/yy	□ Part Time Qualification Gained □ Full Time □ Part Time	ID /Roll No
Please tick mark the documents su	bmitted for this qualification along with	From dd/mm/yy	To dd/mm/yy	□ Part Time Qualification Gained □ Full Time □ Part Time	ID /Roll No
Please tick mark the documents su	bmitted for this qualification along with	From dd/mm/yy	To dd/mm/yy	□ Part Time Qualification Gained □ Full Time □ Part Time	ID /Roll No

Previous Emplo	oyment	History - Ple	ase attach a	a copy of your	relieving le	etter/service	certificate			
Name of Current Employer - 1 {Last Company}			Address of Current Employer							
Telephone No Employee Code/No			Designation			Department				
relephone No Employee C		700e/110		Designation			Бераппенс			
Employment Period Manager's Name			Name	Manager's Contac		Contact No		Can a reference taken now?		
From	То									
					Manager's Email II			□Yes		
								□ _{No}		
Duties & Respor	nsibilities	;				Reasons for	leaving			
First Salary drav	vn		Was this Po	sition	Agency Details (if temporary or contractual), provide details					
			□ Permar							
Last Salary drav	vn		□Tempo	-						
			Contrac							
Please tick mark					Offer lette	_	□ A O±h			
□ Service Ce	ertificate		Relieving le	tter 🗀	Offer lette	Γ	☐ Any Oth (please s			
— None							(piease s	specify)		
Previous Emplo	oyment	History - Ple	ase attach a	copy of your re	elieving lette	r/service cert	ificate			
Note: Please or	neuro th	at vou are d	occrintivo w	horover neces	eant – o d	If company	hae closed	do mention	it. Employee Code/ ID/ Number is	
mandatory. If y									it. Employee code/ ID/ Number is	
Name of Emplo		•				f Employer				
Talanhana Na		 	Nada/Na		Danimatia			D		
Telephone No		Employee C	ode/No	e/No Designa		Departm		Department		
F	mnlovm	ent Period		Manager's Na	me		Manager's (Contact No		
From	проуп	To		Ivianager 3 rva	ne Manager's Contact No					
FIOIII					Manager's E		s Email ID			
Duties & Respor	nsibilities	;		•		Reasons for	leaving			
							J			
			1		_					
					Agency Details (if temporary or contractual), provide details					
□ Permanent										
Last Salary drawn ☐ Temporary ☐ Contractual										
Please tick mark	the doc	uments subn			1					
□ Service Ce			Relieving le		Offer lette	r	☐ Any Oth	er		
□ None				(please specify)						
							-			

Previous Employment	History - Ple	ease attach a	copy of your re	elieving lette	er/service cert	ificate			
Name of Employer (3)			Address of Employer						
Telephone No Employee Code/No			Designation	on.		Department			
relephone No	Linployee	Joue/NO		Designation	JII		Department		
Employment Period Manager's Na			me		Manager's Contact No				
From	То		1						
							Email ID		
D. (1. 0. D					l _D ,	<u> </u>			
Duties & Responsibilitie	S				Reasons for	leaving			
		1		_					
First Salary drawn		Was this Po □ Perman		Agency Details (if temporary or contractual), provide details					
Last Salary drawn		☐ Tempo							
		□ Contrac	•						
Please tick mark the do						_			
□ Service Certificate □ Relieving letter □				Offer letter ☐ Any Other (please specify)					
□ None						(please s	specify)		
Documents Required	(Mandatory)								
Education:									
Photocopy of degre	e certificate a	and final mark	sheet of all ex	aminations					
Employment									
Employment Photocopy of reliev	ina / ovnorion	oo lottor for a	ach amplayar	mationad in	the form				
Photocopy of reliev	ing / expenen	ice letter for e	each employer i	metionea in	the ionn				
Government Identity or	Address Proc	<u>of</u>							
Aadhaar Card / Ban	k Passbook /I	Passport Cop	by / Driving Lice	ense / Voter	ID				
Declaration and Author	orization								
							nation provided in my application for employment and this		
							y's discretion. I authorize all persons who may have sentative. I release all persons from liability on account of		
such disclosure.	ino oriquity to	diodiodo it to	o o o o o o o o o o o o o o o o o o o	JDG: 1 11 C OO!	1 11000 T VC ECG	0. 10 100100	ontaine. There are an personal norm massing of account of		
Leasting that the above	information is		a boot of my large	ا ممانامام	agree that in	the event of	Form obtaining completion of the control of the con		
							f my obtaining employment, my probationary appointment, of medical test and background verification check done		
by the company .							·		
Signature:									
					_				
Name:					Date:				