Please complete all the following details which will be verified by **Cfirst Background Checks LLP.** and/ or by its authorized representatives as part of the background screening process. All details are compulsory.

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| **Personal Details** | | |
| **Name of Applicant: Surname First Middle** | | |
| **Date of Birth (DD/MMM/YY):** | **Marital Status:**  **Date of Marriage:** | **National ID No:**  **(Aadhaar Card)** |
| **Place of Birth:** | **Nationality:** | **Mobile:** |
| **Sex:** | **Passport No.:** | **E-mail ID:** |
| **Blood Group:** | **SSN Number:** | **Pan Number :** |
| **Have You Changed Your Name? : Yes / No, (if Yes Please attach a copy of the name change document)** | | |
| **Father’s Name:** | | |
| **Mother’s Name:** | | |
| **Emergency contact Number: Concern person Name: Relationship:** | | |

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| **Residential Addresses** (list in full all home addresses where you have resided at during last 07 years including overseas addresses) \*Please add more rows if required. | | | | |
| **Tenure of Stay (MMM/YY to MMM YY)** | **COMPLETE ADDRESS** | **CITY** | **POSTAL**  **CODE** | **LAND MARK** |
| **Present Address:** |  |  |  |  |
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| **Permanent Address:** |  |  |  |  |

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| **Education Details** | | | | | | | |
| **Qualification** | **Name & Address Of School / College/ Institute** | **Name & Address of** **Board/University****to which the School / College / Institute** **is affiliated to** | **Course Attended***(*Part Time/ Full Time*)* | **Marks (%) CGPA****&** **Class** | **Dates Attended** | | **Roll Number/ Registration Number/Exam Seat Number** |
| **Year of enrolment** (mm/yy) | **Year Passed (**mm/yy) |
| **High School (10th Standard)** |  |  |  |  |  |  |  |
| **Intermediate (12th Standard)** |  |  |  |  |  |  |  |
| **Graduation** |  |  |  |  |  |  |  |
| **Degree:**  **Specialization:** |
| **Post-Graduation** |  |  |  |  |  |  |  |
| **Degree:**  **Specialization:** |
| **Any Other Course (Professional)** |  |  |  |  |  |  |  |
| **Degree/Diploma:**  **Specialization:** |

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| **Employment Record:** Starting with your present or most recent employer, please list last 3 employments. When listing consulting or temporary assignments, under “Employer”, state the name of the consulting or temporary agency that placed you at the client site. Complete and accurate dates (month/year) must be provided. | | | | | | |
| **CURRENT EMPLOYER:** | | **Employee Id:** | **From (DD/MM/YY):** | | | **To(DD/MM/YY):** |
| **Street Address:** | | | **Employer’s** **Phone No.:** | | | **Fax No.:** |
| City: | **State:** | **Country:** | | | **Postal Code:** | |
| **Job Title:** | | **Reason for Leaving:** | | | | |
| **Employment Status:** *(Please check the relevant box)* Full Time Contract /Through Outsourcing Agency***Outsourcing Agency Details:***Name:Address:Tel No.: | | **Supervisor’s/ Reporting Manager Details:** | | | | |
| **Name:** | |  | | |
| **Title:** | |  | | |
| **Phone No.:** | |  | | |
| **E-mail id:***(Preferably official)* | |  | | |
| **HR Manager’s Details:** | | | | |
| **Name:** | |  | | |
| **Deputed location:** | | **Phone No.:** | |  | | |
| **E-mail id:** *(Preferably official)* | |  | | |
| **Gross Salary :** | | **Per Month (Take Home):** | | **Per Annum (CTC):** | | |
| **Please confirm if the current employer can be contacted for a verification at this time – Yes/No/Can be contacted after DATE.** | |  | | | | |

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| **Employment Record Continued:** | | | | | | | |
| **EMPLOYER 1:** | | **Employee Id:** | **From(DD/MM/YY):** | | | **To(DD/MM/YY):** | |
| **Street Address:** | | | **Employer’s** **Phone No.:** | | | | **Fax No.:** |
| **City:** | **State:** | **Country:** | | | **Postal Code:** | | |
| **Job Title:** | | **Reason for Leaving:** | | | | | |
| **Employment Status:** *(Please check the relevant box)* Full Time Contract /Through Outsourcing Agency***Outsourcing Agency Details:***Name:Address:Tel No.: | | **Supervisor’s/ Reporting Manager Details:** | | | | | |
| **Name:** | |  | | | |
| **Title:** | |  | | | |
| **Phone No.:** | |  | | | |
| **E-mail id:***(Preferably official)* | |  | | | |
| **HR Manager’s Details:** | | | | | |
| **Name:** | |  | | | |
| **Deputed location:** | | **Phone No.:** | |  | | | |
| **E-mail id:** *(Preferably official)* | |  | | | |
| **Gross Salary :** | | **Per Month (Take Home):** | | **Per Annum (CTC):** | | | |
| **Please confirm if the current employer and the stated employer have any relationship with each other.** | |  | | | | | |

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| **Employment Record Continued:** | | | | | | | |
| **EMPLOYER 2:** | | **Employee Id:** | **From(DD/MM/YY):** | | | **To(DD/MM/YY):** | |
| **Street Address:** | | | **Employer’s** **Phone No.:** | | | | **Fax No.:** |
| **City:** | **State:** | **Country:** | | | **Postal Code:** | | |
| **Job Title:** | | **Reason for Leaving:** | | | | | |
| **Employment Status:** *(Please check the relevant box)* Full Time Contract /Through Outsourcing Agency***Outsourcing Agency Details:***Name:Address:Tel No.: | | **Supervisor’s/ Reporting Manager Details:** | | | | | |
| **Name:** | |  | | | |
| **Title:** | |  | | | |
| **Phone No.:** | |  | | | |
| **E-mail id:***(Preferably official)* | |  | | | |
| **HR Manager’s Details:** | | | | | |
| **Name:** | |  | | | |
| **Deputed location:** | | **Phone No.:** | |  | | | |
| **E-mail id:** *(Preferably official)* | |  | | | |
| **Gross Salary :** | | **Per Month (Take Home):** | | **Per Annum (CTC):** | | | |

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| **GAP Records**: Please mention the reason &period of gap between 2 Qualification, Highest Qualification & Ist Employment and between 2 Employments. |
| **GAP 1:** |
| **GAP 2:** |
| **GAP 3:** |
| **GAP 4:** |
| **GAP 5:** |

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| **Reference Details:** Please provide details of Two References along with their contact details and your relationship with the person. | |
| **Full name of Referee 1:** | **Full name of Referee 2:** |
| **Relationship with Referee:** | **Relationship with Referee:** |
| **Organization & it’s Address:** | **Organization & it’s Address:** |
| **Job Title:** | **Job Title:** |
| **Office Number:** | **Office Number:** |
| **Mobile:** | **Mobile:** |
| **E-mail Id:** | **E-mail Id:** |

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| **Authorization Letter** | |
| I certify that the statements made in this application are valid and complete to the best of my knowledge. I understand that false or misleading information may disqualify me from employment and /or result in termination of employment.  I understand that **Cfirst** may request a verification of information provided by me and /or background check from an agency hired by **Cfirst for** this purpose.  I hereby authorize my current/prospective employer\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ and/or any of its subsidiaries or affiliates or partners or vendors,  I further understand that the results of verification and checks and any records made out of that information will be used for employment purposes only and will not be given to unauthorized persons.  I authorize **Cfirst Background Checks LLP.** to conduct a verification and background check including but not limited to the verification and check of information, references and Criminal Conviction records (If Applicable) stated by me in this application for the consideration of **Cfirst** to be used only for my employment purposes.  I also authorize all the concerned persons, authorities, organizations, their employees, agents or authorized representatives, whether named in the application or not, to release the information in their knowledge / possession / records relevant to my employment.  In the event that **Cfirst** and /or its agents are unable to verify any information and references stated in this application, it is my responsibility to furnish the necessary documentation in support of that information.  I fully understand that this application or subsequent employment does not create a contract of employment nor guarantee employment for any definite period of time and my employment decision will always be at the sole discretion of **Cfirst*.***  I have read, understood, and by my signature consent to these statements. | |
| **Signature:**  **Name (In Block Letters):**  **Mother’s Maiden Name (In Block Letters):**  **National ID #:** | **Date:** |