EMPLOYMENT VERIFICATION FORM

**Employee ID: ZM - 289**

**DATE OF JOINING: 10-06-2022**

**Please provide complete and correct information. All fields are mandatory.**

**Please do not use short forms/Abbreviations.**

**Please fill up this form in uppercase letters and take a printout.**

**Hardcopy of this form along-with Supporting Documents has be Submitted (Duly signed and with a Photograph) to your Location Contact Point.**

|  |  |  |
| --- | --- | --- |
| PERSONAL DETAILS | | |
| **Title (Mr.)**  **Name (Last)**  SEETHAGARI | **(First)**  JAYA | **(Middle)**  KRISHNA |
| **Father’s Name:** | SREENIVASULU SEETHAGARI | |
| **Nationality** | Indian | |
| **Date of Birth**  **(yyyy/mm/dd)** | 2000/08/25 | |
| |  | | --- | |  |   **Gender:** Male  |  | | --- | |  |   **Female** | **Marital Status:**  **married**   |  | | --- | |  |     **Unmarried**   |  | | --- | |  |   **Maiden Name (applicable for married ladies)** | |

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| **COMMUNICATION ADDRESS** |
| **Present Address:**  k.s deluxe boys hostel, teachers colony, opp green mini mart, kundhannagh colony, Begumpet, Hyderabad.  **Period of Stay:** 7 MONTHS   |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | | 5 | 0 | 0 | 0 | 1 | 6 |   Land Mark: opp green mini mart PINCODE:  **Current Address:** 4/35, jandamanu street, nanadalur , annamayya, A.P - 516150   |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | | 5 | 0 | 0 | 0 | 1 | 6 |   Landmark: near hanuman temple PINCODE: |
|  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **EDUCATIONAL RECORD-of your highest and completed education qualification (Please attach Self-attested copy of degree certificate and mark sheet for this)-Incase studied directly through the university, though correspondence or through distance education, please mention clearly.** | | | | | |
| **College Name/Address** | ANNAMACHARYA INSTITUTE OF TECHNOLOGY AND SCIENCES, RAJAMPET | | | | |
| **University Name/ Address** | JAWAHARLAL NEHRU TECHNOLOGICAL UNIVERSITY,  ANANTAPUR | | | | |
| **From**  **(Month/yr)** | **To (Month/Yr)** | **Graduated** | **Program** | **%/ Class** | **Student Id No./Enrolment No.** |
| JUNE - 2019 | JUNE - 2022 | **Yes** | **Full-Time** | 78% | 19705A0312 |
| **Type of Degree certificate**  B.TECH | **Graduation Date**  18/06/2022 | **Subject Major**  MECHANICAL ENGINEERING | | | |
| **Copy of Certificate Attached Yes**  **Social Security Number (Mandatory if Studied in U.S.A)** | | | | | |

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| --- | --- | --- | --- | --- | --- |
| **EDUCATIONAL RECORD-of your Secondary and completed education qualification (Please attach Self-attested copy of degree certificate and mark sheet for this)-Incase studied directly through the university, though correspondence or through distance education, please mention clearly.** | | | | | |
| **College Name/Address** |  | | | | |
| **University Name/ Address** |  | | | | |
| **From** | **To** | **Graduated** | **Program** | **%/ Class** | **Student Id No./Enrolment No.** |
|  |  | **Yes** | **Full-Time** |  |  |
| **Type of certificate**  **Diploma** | **Graduation Date** | **Subject Major** | | | |
| **Copy of Certificate Attached**  **Social Security Number (Mandatory if Studied in U.S.A)** | | | | | |

**EMPLOYMENT SECTION: Please give the details of last employment. Ensure that you are descriptive wherever necessary-e.g. If Co. is closed do mention it. Telephone number with specific location code. Employee Code/ID/Number is Mandatory. If your previous employer did not provide the latter, please mention and state reasons for the same.**

**EMPLOYMENT 1 (LATEST)**

|  |  |  |  |
| --- | --- | --- | --- |
| **Employment History-Please attach a self attested copy of your relieving letter/Service certificate for this. Please do not use abbreviations for company names.** | | | |
| **Company Name:** | ZettaMine Labs pvt Ltd. | **Position Held:** | Software Engineer |
| **Address :**  ZettaMine Labs Pvt Ltd, plot 85,  Kundhanbagh Colony, Begumpet,  Telangana | | **Company Telephone:**  6302404810 |  |
| **Employment Period**  2 years | | **Reported to (Name & Position):**  Mr. Ram Prasad  Suswaram | **Name of HR**  Mrs. Bhavya Sravani  HR |
| **Whether employment is of permanent or temporary nature (Contract positions are temporary)**  **Permanent Employee Code/Personnel No:** ZM - 289  **Social Security Number (Mandatory if worked in USA):** | | | |
| **Responsibilities:** | | | |
| **Last Monthly Gross Salary**  **(Please attach the self-attested copy of your last pay slip.)** | | **Reasons for Leaving** | |
|  | |  | |
| **Can verification be done now? Yes**  **If No, When can it be done?** | | | |

**EMPLOYMENT SECTION: Please give the details of last employment. Ensure that you are descriptive wherever necessary-e.g. If Co. is closed do mention it. Telephone number with specific location code. Employee Code/ID/Number is Mandatory. If your previous employer did not provide the latter, please mention and state reasons for the same.**

**EMPLOYMENT 2 (LATEST)**

|  |  |  |  |
| --- | --- | --- | --- |
| **Employment History-Please attach a self attested copy of your relieving letter/Service certificate for this. Please do not use abbreviations for company names.** | | | |
| **Company Name:** |  | **Position Held:** |  |
| **Address (main office and branch where worked)** | | **Company Telephone:** |  |
| **Employment Period (yyyy/mm/dd)** | | **Reported to (Name & Position):** | **Name of HR Manager** |
| **Whether employment is of permanent or temporary nature (Contract positions are temporary)**  **Permanent Temporary Employee Code/Personnel No:**  **Social Security Number (Mandatory if worked in USA):** | | | |
| **Responsibilities:** | | | |
| **Last Monthly Gross Salary**  **(Please attach the self-attested copy of your last pay slip.)** | | **Reasons for Leaving** | |
|  | |  | |
| **Can verification be done now? Yes No**  **If No, When can it be done?** | | | |

**EMPLOYMENT SECTION: Please give the details of last employment. Ensure that you are descriptive wherever necessary-e.g. If Co. is closed do mention it. Telephone number with specific location code. Employee Code/ID/Number is Mandatory. If your previous employer did not provide the latter, please mention and state reasons for the same.**

**EMPLOYMENT 3 (LATEST)**

|  |  |  |  |
| --- | --- | --- | --- |
| **Employment History-Please attach a self attested copy of your relieving letter/Service certificate for this. Please do not use abbreviations for company names.** | | | |
| **Company Name:** |  | **Position Held:** |  |
| **Address (main office and branch where worked)** | | **Company Telephone:** |  |
| **Employment Period (yyyy/mm/dd)** | | **Reported to (Name & Position):** | **Name of HR Manager** |
| **Whether employment is of permanent or temporary nature (Contract positions are temporary)**  **Permanent Temporary Employee Code/Personnel No:**  **Social Security Number (Mandatory if worked in USA):** | | | |
| **Responsibilities:** | | | |
| **Last Monthly Gross Salary**  **(Please attach the self-attested copy of your last pay slip.)** | | **Reasons for Leaving** | |
|  | |  | |
| **Can verification be done now? Yes No**  **If No, When can it be done?** | | | |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Sl Nos** | **Period Of Stay (month & year)** | | **Complete Address** | **State** | **Pin Code** |
| **From: (mm/yy)** | **To : (mm/yy)** |
| 1 | 2017 | 2018 | 4/35, Jandamanu Street, Nandalur, Annamayya | Andhra Pradesh | 516150 |
| 2 | 2018 | 2019 | 4/35, Jandamanu Street, Nandalur, Annamayya | Andhra Pradesh | 516150 |
| 3 | 2019 | 2020 | 4/35, Jandamanu Street, Nandalur, Annamayya | Andhra Pradesh | 516150 |
| 4 | 2020 | 2021 | 4/35, Jandamanu Street, Nandalur, Annamayya | Andhra Pradesh | 516150 |
| 5 | 2021 | 2022 | 4/35, Jandamanu Street, Nandalur, Annamayya | Andhra Pradesh | 516150 |
| 6 | 2022 | 2023 | 4/35, Jandamanu Street, Nandalur, Annamayya | Andhra Pradesh | 516150 |
| 7 | 2023 | present | 4/35, Jandamanu Street, Nandalur, Annamayya | Andhra Pradesh | 516150 |

**Kindly share your past 7 years stay address in below format for Database check(Jan 2010 to till date)**.

**PROFESSIONAL REFERENCE CHECK**

|  |  |
| --- | --- |
| **Professional Reference Verification** | |
| **Professional Reference 1** | |
| Supervisor Contact details: | 6302404819 |
| Name of the Supervisor/Reporting Manager | Mrs. Bhavya Sravani |
| Communication Skills | Good |
| Effectiveness in meeting goals and objectives | Good |
| Professional Strength | Strong Technical Knowledge |
| Professional weakness | - |
| Ability to withstand pressure | Good |
| People Management Skills | Good |
| Reliability | Good |
| Honesty | Good |
| Any Records regarding misrepresentation of facts or accounts | No |
| Attendance and punctuality | Good |
| Eligibility for rehire | Good |
| Mode of exit | - |
| Job performance rating on a scale of 1 to 10 | 8.5 |
| Additional comments | - |

|  |  |
| --- | --- |
| Mode of Verification |  |
| Date of Check Completed |  |

|  |  |
| --- | --- |
| **Professional Reference Verification** | |
| **Professional Reference 2** | |
| Supervisor Contact details: |  |
| Name of the Supervisor/Reporting Manager |  |
| Communication Skills |  |
| Effectiveness in meeting goals and objectives |  |
| Professional Strength |  |
| Professional weakness |  |
| Ability to withstand pressure |  |
| People Management Skills |  |
| Reliability |  |
| Honesty |  |
| Any Records regarding misrepresentation of facts or accounts |  |
| Attendance and punctuality |  |
| Eligibility for rehire |  |
| Mode of exit |  |
| Job performance rating on a scale of 1 to 10 |  |
| Additional comments |  |

|  |  |
| --- | --- |
| Mode of Verification |  |
| Date of Check Completed |  |

## Declaration

**I hereby certify all of the statements made on the (CLIENT NAME) employment verification form are true and complete and I understand that omission or misrepresentation of any fact may result in refusal of employment or immediate dismissal.**

**I recognize that in connection with employment with (CLIENT NAME). I may be the subject of a background enquiry by CLIENT NAME or its representative and I hereby authorize the same.**

**Signature :**

**Name in Capital :** JAYA KRISHNA SEETHAGARI

**Date :** 19-06-2024

### **Letter of Authorization**

#### **To whom it may concern**

**I hereby authorize CLIENT NAME representative to verify information provided in my resume and application of employment 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 CLIENT NAME or its representative. I realize all persons from liability on account of such disclosure.**

**Signature :**

**Name in Capital :**

**Date :**