



Cover Sheet

Institution: Centro Escolar University [Manila]

Date: 03/07/2023

Contact: Centro Escolar University

Fax:

InfoMart® Contact: Gishel Rafael (770) 984-2727

Fax: (770) 984-8997

Email: gishel.rafael@infomart-usa.com

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Date: 03/07/2023

Education Verification For Employment Purposes

Institution: Centro Escolar University [Manila]
Attention:
Address: fax: 011-(632) 735-68-77
San Miguel, Manila

☐ Mail ☐ Fax

Phone: (632) 736-8851
Fax:

InfoMart® Contact: Gishel Rafael (770) 984-2727 InfoMart® Account #: 101122888

This applicant states he/she graduated/attended your institution. Please complete the requested information and **FAX BACK to InfoMart® at (770) 984-8997 or (800) 800-3292**

Applicant:	Ciara Grace Martija Arias	SS No.:	XXX-XX-5560	DOB:	06/30/1990
Maiden:	(none given)	Attended:	06/2006 through 03/2010		
Major:	Nursing	Degree:	Bachelor of Science		

Education Verification

Dates of Attendance: ____ / ____ / ____ through ____ / ____ / ____ Graduated: ☐ Yes ☐ No

Graduation Scheduled for: ____ / ____ / ____ Graduation Date: ____ / ____ / ____

Degree Earned: ☐ Diploma ☐ Certificate ☐ BS ☐ BA ☐ AA ☐ AS ☐ MBA ☐ Other _____

Major: _____ Minor: _____

GPA: _____ Honors: _____

Classification: _____ Number of Hours: _____

The results of the above search were conducted by:

_____	_____	____ / ____ / ____
Institution Representative (please print)	Position Title	Date

Comments:

- ☐ Can not release information due to the student's unpaid debt to the school.
- ☐ Can not locate a student by the name and social security number submitted above.
- ☐ Additional information is needed to locate this student's records. Information needed: _____
- ☐ I would like an InfoMart® representative to contact me regarding this student.

Fax to (770) 984-8997 or (800) 800-3292
InfoMart® • Phone (770) 984-2727 • 1582 Terrell Mill Road Marietta, GA 30067

APPLICANT'S AUTHORIZATION FOR BACKGROUND SCREENING



ACKNOWLEDGMENT AND AUTHORIZATION FOR BACKGROUND CHECK

I acknowledge receipt of the separate document entitled DISCLOSURE REGARDING BACKGROUND INVESTIGATION and A SUMMARY OF YOUR RIGHTS UNDER THE FAIR CREDIT REPORTING ACT and certify that I have read and understand both of those documents. I hereby authorize the obtaining of "consumer reports" and/or "investigative consumer reports" by The CSI Companies, Inc. ("the Company") at any time after receipt of this authorization and throughout my employment, if applicable. To this end, I hereby authorize, without reservation, any law enforcement agency, administrator, state or federal agency, institution, school or university (public or private), information service bureau, employer, or insurance company to furnish any and all background information requested by InfoMart, Inc., 1582 Terrell Mill Road, Marietta, GA 30067, 800-800-3774, www.infomart-usa.com, and/or Employer itself. I agree that a facsimile ("fax"), electronic or photographic copy of this Authorization shall be as valid as the original.

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New York City applicants only: By signing this form, you further authorize the Company to provide you with a copy of your consumer report, the New York City Fair Chance Act Notice form, and any other documents, to the extent required by law, at the mailing address and/or email address you provide to the Company.

Minnesota applicants only: You have the right to submit a written request to the consumer reporting agency for a complete and accurate disclosure of the nature and scope of any consumer report the Company ordered about you. The consumer reporting agency must provide you with this disclosure within five business days after its receipt of your request or the report was requested by the Company, whichever date is later. Please check this box if you would like to receive a copy of a consumer report if one is obtained by the Company. ☐

Washington State applicants only: You also have the right to request from the consumer reporting agency a written summary of your rights and remedies under the Washington Fair Credit Reporting Act.

Oklahoma applicants only: Please check this box if you would like to receive a copy of a consumer report if one is obtained by the Company. ☐

Applicant Information (Please Print)

* This information will be used for purposes of background screening only and will not be used in making any employment decisions.

Applicant Name: (First Middle Last)		Current Address: (street address)	
Ciara Grace Martija Arias		106 Marie CT APT 79	
Other Name(s) Used: (like Maiden)		City:	State: Zip:
		Sonne Terre	Missouri 63628
Gender: * <input type="checkbox"/> Male <input checked="" type="checkbox"/> Female		Former Address: (1)	
Social Security Number: *		713 M.T Halili St	
642535560		City:	State: Zip:
Driver's License Number: State:		Sampaloc Manila Philippines 1008	
None Missouri		Former Address: (2)	
Date of Birth: * Place of Birth: (City, State, Country)		None	
06/30/1990 Antipolo City, Rizal Philippines		City:	State: Zip:
		None	None None

Signature:

Ciara Grace Arias

Date: 3/3/2023 | 8:53 PM EST

Email or Fax ALL documents to:

Cust.Service@infomart-usa.com

Certificate Of Completion

Envelope ID: 829B566F03D04E94AF81DF56027F1880

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Subject: Please DocuSign: Infomart Standard Authorization.docx

taskId: b94f79df-2c0a-ed11-83fa-000d3a317ead

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3/3/2023 8:36:15 PM

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Signer Events

Ciara Grace Arias

shigma2022@gmail.com

Security Level:

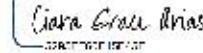
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Signature

DocuSigned by:



DocuSign User

Signature Adoption: Pre-selected Style

Using IP Address: 18.222.107.213

Timestamp

Sent: 3/3/2023 8:36:17 PM

Viewed: 3/3/2023 8:49:28 PM

Signed: 3/3/2023 8:53:24 PM

Electronic Record and Signature Disclosure:

Accepted: 3/3/2023 8:39:03 PM

ID: 0ee2a3c3-8d4f-42fa-9768-f14ea2869b51

In Person Signer Events**Signature****Timestamp****Editor Delivery Events****Status****Timestamp****Agent Delivery Events****Status****Timestamp****Intermediary Delivery Events****Status****Timestamp****Certified Delivery Events****Status****Timestamp****Carbon Copy Events****Status****Timestamp****Witness Events****Signature****Timestamp****Notary Events****Signature****Timestamp****Envelope Summary Events****Status****Timestamps**

Envelope Sent

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Signing Complete

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Completed

Security Checked

3/3/2023 8:53:24 PM

Payment Events**Status****Timestamps****Electronic Record and Signature Disclosure**

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- ii. send us an e-mail to sdimmick@thecsicompanies.com and in the body of such request you must state your e-mail, full name, IS Postal Address, telephone number, and account number. We do not need any other information from you to withdraw consent.. The consequences of your withdrawing consent for online documents will be that transactions may take a longer time to process..

Required hardware and software

Operating Systems:	Windows2000? or WindowsXP?
Browsers (for SENDERS):	Internet Explorer 6.0? or above
Browsers (for SIGNERS):	Internet Explorer 6.0?, Mozilla FireFox 1.0, NetScape 7.2 (or above)
Email:	Access to a valid email account
Screen Resolution:	800 x 600 minimum
Enabled Security Settings:	<ul style="list-style-type: none">•Allow per session cookies•Users accessing the internet behind a Proxy Server must enable HTTP 1.1 settings via proxy connection

**** These minimum requirements are subject to change. If these requirements change, we will provide you with an email message at the email address we have on file for you at that time providing you with the revised hardware and software requirements, at which time you will have the right to withdraw your consent.**

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Ciencia y Virtud

Centro Escolar University

PHILIPPINES

GRANTED FULL AUTONOMY BY THE COMMISSION ON HIGHER EDUCATION

The Board of Directors of the Centro Escolar University,
upon recommendation of the faculty of the College of Nursing
and the University Council, has conferred the degree

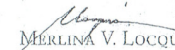
Bachelor of Science in Nursing

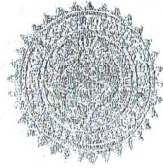
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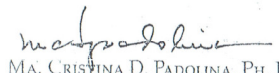
Ciara Grace M. Arias

with all the rights, honors and privileges pertaining thereto.

Given on the twenty fifth day of March, two thousand and ten, Manila, Philippines.


MERLINA V. LOCQUIAO, M.A.N.
DEAN




MA. CRISTINA D. PADOLINA, PH. D.
PRESIDENT