



BACKGROUND INVESTIGATION FORM

Please fill all information in PRINTED. If item is not applicable put "N/A"

CANDIDATE'S DETAILS

Applicant's Name:	Cañete	Christine		
	Surname	Given Name	Complete Middle Name	Suffix (Jr./Sr/ III,etc)
Civil Status:	Single	Gender:	Female	Birth Date: (MM/DD/YYYY) 10/06/1995
Contact Number:	0933463525	Email Address:	katechristine128@gmail.com	
SSS Number:	34-9071242-6	Philhealth Number:	12-025880566-1	
Pag-ibig Number:	121265054192	Tax Identification Number:		
Current Address:	934-N Lahug Salinas Drive Extension			

Permanent Address: 934-N Lahug Salinas Drive Extension

ADDRESS CHECK

Please provide a sketch of your current address

From IT Park going to JY Square all the way to Mevisa before reaching Mevisa on the right side of the road there's a Big Orange Gate with "kaymito".

EMERGENCY CONTACT PERSON:

EMERGENCY CONTACT PERSON		
Contact 1: Kurt John Mojado	Relationship: Boyfriend	Contact Number: 09334673525
Contact 2:	Relationship:	Contact Number:

RELATIVES WORKING IN CONCENTRIX:

Name	Relationship	Position
Madel F. Abendan	Bestfriend	Customer Service Representative



BACKGROUND INVESTIGATION

AUTHORIZATION FOR EDUCATION CHECK

To the Registrar's Office

To whom it may concern:

This is to authorize confirmation and verification of Concentrix, through their official representative, on my education records based on my declared information below:

Highest Education Attainment:

- Post-Graduate Degree (Doctorate, Masters) High School Graduate (ALS passer OR old curriculum)
 - Post-Graduate Level (Doctorate, Masters) Senior High School Graduate (K-12)
 - College Graduate K-12 Undergraduate
 - 1st year College (Completed OR With back subjects)
 - 2nd year College (Completed OR With back subjects)
 - 3rd year College (Completed OR With back subjects)
 - 4th year College (Completed OR With back subjects)
 - Diploma/ Associate/ Vocational Course (specify # of year/s____)

Name of Institution (College/Post Graduate): _____

Address / Branch: _____

Contact Details: _____

Name in school records: _____

Degree/Course: _____

Date of Graduation (if applicable - for College Graduate only) MM/DD/YYYY: _____ / _____ / _____

Student ID: _____

Dates Attended: From: _____ / _____ / _____ To: _____ / _____ / _____
 MM / DD / YYYY MM / DD / YYYY

Name of Institution (High School):

Asian College of Technology -IEF

Address / Branch: Corner Leon Kilat and P. Del Rosario Street. Cebu City, Philippines 6000

Contact Details: +63 (32) 238 2381

Name in school records: Diploma

Date of Graduation (if applicable -

Student ID: 16-9000709 Section: TVL-HE24

Dates Attended: From: _____ / _____ / _____ To: _____

MM / DD / YYYY MM / DD / YYYY

Kindly extend due courtesy upon request of relevant information deemed necessary in completion of the education checks.

Christine Cañete / 8/15/2021
Signature over Printed Name / Date Signed

EMPLOYMENT HISTORY DETAILS

1. NAME OF ORGANIZATION: Qualfon Philippines Inc.

ADDRESS: Skyrise 3 Bldg., Cebu IT Park Apas, Cebu City Cebu City, 6000

EMPLOYMENT DATE From (MM/DD/YYYY): 01 / 07 / 2020 To (MM/DD/YYYY): 02 / 09 / 2021

POSITION (Upon hiring): CSR POSITION (Upon leaving): CSR

NATURE OF EMPLOYMENT: Full-Time Part-Time Self-Employed Internship

IMMEDIATE SUPERVISOR: Edgar Comaingking CONTACT NUMBER:

Reason for Leaving: Taking care of my child Recruiter Remarks (R/O):

2. NAME OF ORGANIZATION: _____

ADDRESS: _____

EMPLOYMENT DATE From (MM/DD/YYYY): _____ / _____ / _____ To (MM/DD/YYYY): _____ / _____ / _____

POSITION (Upon hiring): _____ POSITION (Upon leaving): _____

NATURE OF EMPLOYMENT: Full-Time Part-Time Self-Employed Internship

IMMEDIATE SUPERVISOR: _____ CONTACT NUMBER: _____

Reason for Leaving: _____ Recruiter Remarks (R/O): _____

3. NAME OF ORGANIZATION: _____

ADDRESS: _____

EMPLOYMENT DATE From (MM/DD/YYYY): _____ / _____ / _____ To (MM/DD/YYYY): _____ / _____ / _____

POSITION (Upon hiring): _____ POSITION (Upon leaving): _____

NATURE OF EMPLOYMENT: Full-Time Part-Time Self-Employed Internship

IMMEDIATE SUPERVISOR: _____ CONTACT NUMBER: _____

Reason for Leaving: _____ Recruiter Remarks (R/O): _____

4. NAME OF ORGANIZATION: _____

ADDRESS: _____

EMPLOYMENT DATE From (MM/DD/YYYY): _____ / _____ / _____ To (MM/DD/YYYY): _____ / _____ / _____

POSITION (Upon hiring): _____ POSITION (Upon leaving): _____

NATURE OF EMPLOYMENT: Full-Time Part-Time Self-Employed Internship

IMMEDIATE SUPERVISOR: _____ CONTACT NUMBER: _____

Reason for Leaving: _____ Recruiter Remarks (R/O): _____

5. NAME OF ORGANIZATION: _____

ADDRESS: _____

EMPLOYMENT DATE From (MM/DD/YYYY): _____ / _____ / _____ To (MM/DD/YYYY): _____ / _____ / _____

POSITION (Upon hiring): _____ POSITION (Upon leaving): _____

NATURE OF EMPLOYMENT: Full-Time Part-Time Self-Employed Internship

IMMEDIATE SUPERVISOR: _____ CONTACT NUMBER: _____

Reason for Leaving: _____ Recruiter Remarks (R/O): _____

NOTE: If you have more than 5 employment history, please ask the Front desk/Recruiter to provide another sheet of employment history details.

PROFESSIONAL CHARACTER REFERENCE

Please provide us details of four (10) professional character references who have known you from your previous job(s). These character references should be your Immediate Supervisor, Manager, or Colleague.

FOR FRESH GRADUATES: Please provide us details of four (10) character references who have known you in the last 3 years. (Highschool Teacher / Professors/ Instructors / OJT Supervisor)

Note: Friends and relatives are NOT valid references.

PROFESSIONAL CHARACTER REFERENCE 1

NAME OF REFERENCE Anjo Melencion Manangan RELATIONSHIP: Colleague

COMPANY & POSITION: Qualfon Philippines Inc. / CSR CONTACT DETAILS: 09273095922

PROFESSIONAL CHARACTER REFERENCE 2

NAME OF REFERENCE _____ RELATIONSHIP: _____

COMPANY & POSITION: _____ CONTACT DETAILS: _____

PROFESSIONAL CHARACTER REFERENCE 3

NAME OF REFERENCE _____ RELATIONSHIP: _____

COMPANY & POSITION: _____ CONTACT DETAILS: _____

PROFESSIONAL CHARACTER REFERENCE 4

NAME OF REFERENCE _____ RELATIONSHIP: _____

COMPANY & POSITION: _____ CONTACT DETAILS: _____

PROFESSIONAL CHARACTER REFERENCE 5

NAME OF REFERENCE _____ RELATIONSHIP: _____

COMPANY & POSITION: _____ CONTACT DETAILS: _____

PROFESSIONAL CHARACTER REFERENCE 6

NAME OF REFERENCE _____ RELATIONSHIP: _____

COMPANY & POSITION: _____ CONTACT DETAILS: _____

PROFESSIONAL CHARACTER REFERENCE 7

NAME OF REFERENCE _____ RELATIONSHIP: _____

COMPANY & POSITION: _____ CONTACT DETAILS: _____

PROFESSIONAL CHARACTER REFERENCE 8

NAME OF REFERENCE _____ RELATIONSHIP: _____

COMPANY & POSITION: _____ CONTACT DETAILS: _____

PROFESSIONAL CHARACTER REFERENCE 9

NAME OF REFERENCE _____ RELATIONSHIP: _____

COMPANY & POSITION: _____ CONTACT DETAILS: _____

PROFESSIONAL CHARACTER REFERENCE 10

NAME OF REFERENCE _____ RELATIONSHIP: _____

COMPANY & POSITION: _____ CONTACT DETAILS: _____



AUTHORIZATION

I hereby declare that all information provided in this form are true to the best of my knowledge and that any falsified or malicious information in this application will be sufficient grounds for withdrawal of offer (if applicant) or dismissal (if employed) upon discovery. I also confirm that all the personal information of other individuals I provided in this form are provided with their knowledge and consent, and that I undertake to be responsible to them for my disclosure of their information to Concentrix.

I authorize Concentrix, its agents, representatives and/or third party providers to verify and confirm any and all information pertinent to my educational, employment and personal background and history, and is not limited to the information provided in this form ("Purpose"), with my previous employers, school and other relevant individuals.

I affirm and consent to the disclosure and sharing of my personal information and sensitive personal information, to Concentrix, its agents, representatives and/or third -party providers, for the said Purpose.

I hereby release, discharge and hold free and harmless, Concentrix , its agents, representatives and/or third party providers, and the disclosing individual and/or entity, who holds and controls my personal information, with regard to any above-mentioned sharing, disclosure and processing of my personal information and sensitive personal information.

I am executing this form and providing my consent, willingly and voluntarily, without compulsion and intimidation from the company

PRINTED NAME AND SIGNATURE: Christine Cañete

DATE: 8/15/2021