



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): Cavite State University - Don Severino delas Alas Campus

Address / Branch: Indang

Contact Details: ovpre.cvsu@gmail.com

Name in school records: Laica Dennise A. Miranda

Degree/Course: Bachelor of Science in Computer Science

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

Student ID: 201915073

Dates Attended: From: 09 / 09 / 2019 To: 06 / 09 / 2023
MM / DD / YYYY MM / DD / YYYY

Name of Institution (High School):

University of Perpetual Help System Dalta

Address / Branch: Molino III, Bacoar, Cavite

Contact Details: (046) 477 0602

Name in school records: Laica Dennise A. Miranda

Date of Graduation (if applicable - for High School Graduate only) MM/DD/YYYY: 04 / 17 / 2023

Student ID: Section: STEM 12-3

Dates Attended: From: 08 / 07 / 2017 To: 04 / 17 / 2019
MM / DD / YYYY MM / DD / YYYY

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

Thank you.

LAICA DENNISE A. MIRANDA / 07/30/2023

Signature over Printed Name / Date Signed

EMPLOYMENT HISTORY DETAILS

1. NAME OF ORGANIZATION: Collective Solution
ADDRESS: Quezon City, Metro Manila
EMPLOYMENT DATE From (MM/DD/YYYY): 10 / 17 / 2022 To (MM/DD/YYYY): 12 / 24 / 2022
POSITION (Upon hiring): Customer Service Representative POSITION (Upon leaving): Customer Service Representative
NATURE OF EMPLOYMENT: ☒ Full-Time ☐ Part-Time ☐ Self-Employed ☐ Internship
IMMEDIATE SUPERVISOR: Marinella Paclibar CONTACT NUMBER: 09507253428
Reason for Leaving: End of Contract 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 Marinella Paclibar RELATIONSHIP: Immediate Supervisor
COMPANY & POSITION: Collective Solution CONTACT DETAILS: 09507253428

PROFESSIONAL CHARACTER REFERENCE 2

NAME OF REFERENCE Napza Tolentino RELATIONSHIP: Colleague
COMPANY & POSITION: Collective Solution CONTACT DETAILS: 09287371060

PROFESSIONAL CHARACTER REFERENCE 3

NAME OF REFERENCE Jonjie Dave Acosta RELATIONSHIP: Colleague
COMPANY & POSITION: Collective Solution CONTACT DETAILS: 09562294033

PROFESSIONAL CHARACTER REFERENCE 4

NAME OF REFERENCE Jillian Abad RELATIONSHIP: Colleague
COMPANY & POSITION: Collective Solution CONTACT DETAILS: 09454457974

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:


LAICA DENNISE A. MIRANDA

DATE:

07/30/2023