

Passport

BACKGROUND SCREENING FORM

SECTION 1

PERSONAL DETAILS

Surname: _____
Forename(s): _____
Name commonly known by: _____
Maiden or other used name _____ Nick names (If any) _____
Date of birth _____ Place of Birth _____
Sex: Male ☐ Female ☐ Please state national identity or passport number _____
Contact Details: _____

Daytime Tel. No. _____ Evening Tel. No. _____
E-mail _____ Mobile No. _____

SECTION 2

FAMILY DETAILS

Marital status: Married ☐ Single ☐ Divorced ☐ Separated ☐
Name of Spouse: _____
Date of Marriage: _____ Venue of Marriage _____
(Church, Mosque, Registry etc).
Date of Divorce: _____
Date of Separation: _____ Reason(s) _____

2.1 Children's details:

Age:

1.	_____	_____
2.	_____	_____
3.	_____	_____
4.	_____	_____

2.2 Parent's details

Name of Father: _____ Deceased? Yes ☐ No ☐
Occupation: _____ Tel. No. _____
Current Address: _____

Name of Mother: _____ Deceased? Yes ☐ No ☐
Occupation: _____ Tel. No. _____
Current Address: _____

SECTION 3.**EDUCATION AND PROFESSIONAL QUALIFICATIONS**

Educational Referee (educational referees may be course mates, juniors or seniors in school), if you are unable to provide this data, then provide any other referees that can vouch for your educational qualification.

3.1 Secondary Education

S/N	Name of school	Address	Period of attendance	Qualification obtained

Name of educational referee.....

Address Tel. No.....

3.2 University/Polytechnic/College of Education

S/N	Name and address of institution	Period of attendance	Qualification obtained	Name, address and Tel No. of course mate

Name of educational referee.....

Address Tel. No.....

3.3

S/N	Professional Memberships/Qualifications. Please list all Professional Memberships and Qualifications, together with ID number(s) and year of Qualification/ Membership.

3.4 Gaps in Educational Details

In the space below please explain details of any gaps in your education history between secondary school and polytechnic or university. Please indicate whether the gap relates to financial constraints, or failure to pass the appropriate examination.

3.4.1 NATIONAL YOUTH SERVICE

Service Period: From:..... To:.....

Call-Up Number:.....

Date of Deployment:.....

Name and Place of Primary Assignment:.....

.....

SECTION 4.**EMPLOYMENT DETAILS****4.1 CURRENT EMPLOYER:**FROM: _____ TO: _____ Yes ☐ No ☐

Please indicate whether we may contact your current employer for a reference

Do not contact until _____

Name and address of company _____

Employment referee in company (name) _____

Job title of referee: _____

Tel of referee: _____

Job title of subject _____ Department/Unit _____

Employee ID _____

Status Temp ☐ Permanent ☐ Contract ☐ Agency name, Address, Contact (if temp or contract) _____

Name of line manager _____

Reason(s) for leaving _____

Final Salary _____

4.2 Employer No. 2FROM: _____ TO: _____ Yes ☐ No ☐

Please indicate whether we may contact your current employer for a reference

Do not contact until _____

Name and address of company _____

Employment referee in company (name) _____

Job title of referee: _____

Tel of referee: _____

Job title of subject _____ Department/Unit _____

Employee ID _____

Status Temp ☐ Permanent ☐ Contract ☐ Agency name, Address, Contact (if temp or contract) _____

Name of line manager _____

Reason(s) for leaving _____

Final Salary _____

4.3 Employer No. 3FROM: _____ TO: _____ Yes ☐ No ☐

Please indicate whether we may contact your current employer for a reference

Do not contact until _____

Name and address of company _____

Employment referee in company (name) _____

Job title of referee: _____

Tel of referee: _____

Job title of subject _____ Department/Unit _____

Employee ID _____

Status Temp ☐ Permanent ☐ Contract ☐ Agency name, Address, Contact (if temp or contract) _____

Name of line manager _____

Reason(s) for leaving _____

Final Salary _____

4.4 Gaps in Employment

Use the space below to explain gaps in your current employment and the previous employment. Please indicate whether the gap relates to unemployment, education, or proved details of any other reason.

SECTION 5.**PLACE(S) OF RESIDENCE**

This section concerns information about previous and current places of residence

S/N	Detailed Address (Current Resident First)	Period of residence	Name, address and of Neighbour	Tel No.

SECTION 6.**ASSOCIATES**

S/N	Name of Associate(s)	Address of Associate	Tel. No.	No. of years known	Type of relationship (Business or Social).

SECTION 7. MEMBERSHIP CLUBS (LIST CLUBS, SOCIETIES, OR ORGANIZATIONS TO WHICH YOU BELONG)

S/N	Name of Organization	Address of Organisation	Status

SECTION 8.**DRIVING HISTORY**

Do you have a driver's license?

Please state the license number.....

Expiry date on the license.....

How long have you been driving?

Which state/Areas/regions are you most familiar with?

Have you been involved in an accident before? (Yes/No)

If yes, State the circumstances

.....
.....
.....

SECTION 9.**REFEREES**

Referees must be individuals (not relatives) who have known you for at least two (2) years and above.

1. Name.....
Address of referee.....
.....
Tel. No.....
Occupation
2. Name.....
Address of referee.....
.....
Tel. No.....
Occupation
3. Name.....
Address of referee.....
.....
Tel. No.....

SECTION 10.**CRIME RECORD**

Have you ever been arrested, charged, cited, held, or detained by Federal, State or other Law Enforcement authorities regardless of whether the charge was dropped or dismissed or you were not found guilty (Yes/No)

LIST DETAILS OF "YES" ANSWERS

S/N	Date	Nature of Offence	Location of Law Enforcement Agency	Penalty imposed

SECTION 11.**LANGUAGE ABILITIES**

Indicate the Nigerian Languages which you can speak or write

	LANGUAGE	SPEAK (Yes/No)	WRITE (Yes/No)	SPEAK & WRITE (Yes/No)
1.
2.
3.
4.

SECTION 12.

GUARANTOR'S ATTESTATION

**Guarantor's
Passport**

FULL NAME OF APPLICANT:.....

GUARANTOR'S FULL NAME:.....

GUARANTOR'S HOME ADDRESS:.....

.....

OCCUPATION:.....

TEL NO.....

BUSINESS/EMPLOYER'S ADDRESS:.....

.....

HOW LONG HAVE YOU KNOWN APPLICANT:.....

WHAT IS YOUR RELATIONSHIP TO APPLICANT:.....

COMMENT FREELY ON SUBJECT:

.....

.....

IT IS HEREBY AGREED THAT YOU ARE SIGNING THIS GUARANTOR'S FORM WITH THE FULL KNOWLEDGE THAT:

1. You are accepting liability over the applicant's misdeeds if and when employed by our organization.
2. We shall hold you liable to [acts](#) either of omission or commission committed by applicant.

[SIGNATURE](#):..... DATE:.....

NAME OF WITNESS:.....

SIGNATURE:.....DATE:.....

- Please attach an identity to enable us verify your signature and photograph.
- Acceptable ID are **any** of these
 - Drivers license, Company ID card or International passport

SECTION 13.**DRUG USE**

Do you use any of these substances; Marijuana, Cocaine, Heroin, Methadone, Amphetamine, LSD, Methylphenidate, Steroids, Ecstasy, Alcohol, or any other psychoactive substances? _____

If **Yes**, state which _____

If **No**, would you be available for a drug test if required? _____

Comments

CERTIFICATION/AUTHORITY TO RELEASE INFORMATION

I certify that the foregoing answers are true to the best of my knowledge or belief. I understand that the accuracy of any statement made in this form may be investigated and I consent to any background investigation which is aimed at establishing the authenticity of the information which I have supplied.

Name:

Signature:..... Date:.....