



## **BACKGROUND INVESTIGATION FORM**

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

### **CANDIDATE'S DETAILS**

**Applicant's Name:** \_\_\_\_\_ Surname \_\_\_\_\_ Given Name \_\_\_\_\_ Complete Middle Name \_\_\_\_\_ Suffix (Jr./Sr/ III,etc) \_\_\_\_\_

**Civil Status:** \_\_\_\_\_ **Gender:** \_\_\_\_\_ **Birth Date:** (MM/DD/YYYY) \_\_\_\_\_

**Contact Number:** \_\_\_\_\_ **Email Address:** \_\_\_\_\_

**SSS Number:** \_\_\_\_\_ **Philhealth Number:** \_\_\_\_\_

**Pag-ibig Number:** \_\_\_\_\_ **Tax Identification Number:** \_\_\_\_\_

**Current Address:** \_\_\_\_\_  
\_\_\_\_\_

**Permanent Address:** \_\_\_\_\_  
\_\_\_\_\_

### **ADDRESS CHECK**

Please provide a sketch of your current address

### **EMERGENCY CONTACT PERSON:**

Contact 1:	Relationship:	Contact Number:
Contact 2:	Relationship:	Contact Number:

### **RELATIVES WORKING IN CONCENTRIX:**

Name	Relationship	Position



## **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
  - 1<sup>st</sup> year College (Completed OR With back subjects)
  - 2<sup>nd</sup> year College (Completed OR With back subjects)
  - 3<sup>rd</sup> year College (Completed OR With back subjects)
  - 4<sup>th</sup> 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):**

Address / Branch: \_\_\_\_\_

Contact Details: \_\_\_\_\_

Name in school records: \_\_\_\_\_

Date of Graduation (if applicable - for High School Graduate only) MM/DD/YYYY: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Student ID: \_\_\_\_\_ Section: \_\_\_\_\_

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.

Thank you.

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\_\_\_\_\_  
Signature over Printed Name / Date Signed

**EMPLOYMENT HISTORY DETAILS**

1. 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): \_\_\_\_\_

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 \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_

COMPANY & POSITION: \_\_\_\_\_ CONTACT DETAILS: \_\_\_\_\_

**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:

DATE: