

Background Verification Form

Personal Details				
Full Name:		Male /Female	Marital Status: Single/ Married	
Date of Birth:	Nationality:	Father's name:		
Employee No:		Designation:		
Place of joining	g.	Date of Joining:		
Current Address: (Attach Proof)				
Period of stay at current address: From: To:				
Telephone (Home):		Mobile:		
Email address:				
Permanent Address: (Attach Proof)				
Period of stay at Permanent Address: From: To:				
Telephone (Home):		Mobile:		
Email address:				

New Jersey 600 Alexander Road, Suite 2-6 Princeton, NJ 08540 Minneapolis 718 Washington Ave. N., Suite 208 Minneapolis, MN 55401 Atlanta 900 Circle 75 Pkwy., Suite 1225 Atlanta, GA 30339 New York 460 Park Avenue South, 12th Floor New York, NY 10011 Chennai 3rd floor, Temple tower Door no 672/476, Nandanam, Chennai-



Educat	onal qualification	: (Highest Full time Degre	ee)
(Impor	tant: Copy of Mark sheet an	d Degree certificate MUST be attached)	
College name			
College Address			
University Name and address			
From – To (Month / Year)	Graduated	Program	Student ID/ Enrolment No
	Yes / No	Full time /Part time/ Day / evening	
Type of degree	Graduation date	Major Subject	1



Employment Details – (Accepted resignation letter copy of current employer and relieving letter for all the previous employers to be attached)

Last EmploymentEmployment 1				
Company Name:			Position Held& Dept	
Address of the Head office			Telephone no(s) of Head office	
Address of the office in which worked (if different from the head office)			Telephone no(s) of Branch office	
Employment date: (Date, Month, Year)				
From: To:			Employee code:	
Whether employment is temporary or permanent in Nature - Temp / Permanent			/ Permanent	
Agency details (If temporary or Contractual)				
Responsibilities:				
Last drawn CTC PA: Reaso		Reason	son for leaving:	
Reported to				
Name of the reporting authority				
Position of the reporting authority				
Landline No				
Mobile no				

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Email Id	
	1



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	Details of Employ	yment Pr	ior to Current / Emp	ployment 2
Company Name:			Position Held& Dept	
Address of the Head office			Telephone no(s) of Head office	
Address of the office in which worked (if different from the head office)			Telephone no(s) of Branch office	
Employment date: (Date, Month, Year)				
From: To:		Employee code:		
Whether employment is temporary or permanent in Nature - Temp / Permanent				
Agency details (If temporary or Contractual)				
Responsibilities:				
Last drawn CTC PA: Reason		Reason	n for leaving:	
Reported to				
Name of the reporting authority				
Position of the reporting authority				
Landline No				
Mobile no				
Email Id				

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Letter of Authorization:

To whomsoever it may concern

I hereby authorize **Softcrylic** and its authorized representatives to verify information provided in my resume and application of employment, and to conduct enquiries as may be necessary, at the company's discretion. I authorize all persons who may have information relevant to this enquiry to disclose it to **Softcrylic** or its representative. I release all persons from liability on account of such disclosure.

I hereby authorize concerned authorities to dispatch my confidential report to **Softcrylic** or its authorized representative.

Signed:	
Name: -	
Date:	