Profile Background Form

Please complete all information. Fields marked with a * are mandatory.

Note: Please avoid using short forms / abbreviations where ever possible.

Client Number:	Client Name:		Emp	Employee ID:	
*First Name:	*Middle Name: *L		*Las	Last Name/Surname:	
*Standard format of writi	ng the name:				
*Have you ever changed your name? No Yes (Please attach a copy of the name change document) If Yes, name change date: DD/MON/YYYY					
Previous Name(s) / Maiden Name (if applicable)	E: DD/MON/YYYY First Name	Middle Name		Last Name/Surname	
*Father's Name	First Name	Middle Name)	Last Name/Surname	
Complete current address:				Period of Stay (DD/MON/YYYY): *From:	
*City and Postal code *Landmark 1: *Landmark 2: *Landline telephone number:				*To:	
*City and Postal code *Landmark 1: *Landmark 2: *Landline telephone number:				Period of Stay (DD/MON/YYYY): *From: *To:	
*Gender: Male	☐ Female	Marital Status:	□s	ingle Married	
*Date of Birth: (DD/MON/YYYY)		*Nationality: SSN / TIN Number:			
Contact Details		Passport Details			
Email:		Number:			
*Mobile number:		Place of Issue:			
*Photo Identification proof (Attach a copy) Passport PAN card Driver license Voter ID Photo ID Number		*Address proof (Attach a copy) Lease/rental agreement Bank statement Land telephone Voter card Other			

Educational Qualifications

Note: Please attach more educational sheets if necessary Please complete all the degree/educational qualifications and attach the necessary documents.

Educational Record - Master Degree (Please attach copy of degree certificate and all year mark sheets)					
*College Name					
*College Address and Contact Telephone				*College City/State/Country	
*University Name, Address, and Contact Telephone			ne	*University City/State/Country	
*From – To	*Gradı	uated	*Prog	ram	*Registration/Roll No.
(month / year)	☐ Yes	☐ No	☐ Full Time	☐ Part Time	
*Type of degree			*Graduation date	(month / year)	*Subject Major
*Copy of the Certificate Attached					
*Educated in Overseas: No Yes					
If yes, Unique identification number at Overseas (SSN/TIN):					
Given Name at Overseas:					

Educational Qualifications

Note: Please attach more educational sheets if necessary Please complete all the degree/educational qualifications and attach the necessary documents.

Educational Record - Highest Degree (Please attach copy of degree certificate and all year mark sheets)					
*College Name					
*College Address and Contact Telephone				*College City/State/Country	
*University Name, Address, and Contact Telephone			ne	*University City/State/Country	
*From – To	*Gradi	uated	*Prog	ram	*Registration/Roll No.
(month / year)	☐ Yes	☐ No	☐ Full Time	☐ Part Time	
*Type of degree			*Graduation date	(month / year)	*Subject Major
*Copy of the Certificate Attached					
*Educated in Overseas: No Yes					
If yes, Unique identification number at Overseas (SSN/TIN):					
Given Name at Overseas:					

Employment Details

Note: Please attach more employment sheets if necessary

Please ensure that you are descriptive wherever necessary – For example, if the company no longer exists, acquired, or merged, please do mention it. Employee Code/ ID/ Number are necessary. If your previous employer did not provide you one, please mention and provide us with reasons for the same.

Details of Currer	nt Employer or Late	est Employer –"				
*Company Name:						
*Main office Add	ress:		*Company Telephone(Landline):			
			Company Website:			
*Reporting (bran	ch) office Address	:	Employment Period: (DD-MON-YYYY)			
a superming (areas	,		*From:		,	
			*To:			
Job Details			Reporting Man	agar's Datails		
				ager 5 Details		
*Position Held :			*Name :			
*Department:			*Job Title :			
*Employee Code:			*Department :			
SSN (if applicable):			*Present Contac	ct Number :		
*Employment Type: Permanent Temporary			*Official Email ID :			
*Agency Name and Details:			*Reason(s) for Leaving:			
(Temporary/contractual)						
*Starting Base Salary	*Other Compensation	*Total	*Final Base Salary	*Other Compensation	*Total	
*Is this current e	mployment?: \(\square\)	′es	0		l	
If yes, mention date when verification can be initiated : (DD-MON-YYYY)						
Any other pertinent information:						

Details of Previous Employers - Please attach a copy of your relieving letter/service certificate						
*Company Name	2:					
*Main office Address:			*Company Telephone(Landline):			
			Company Website:			
*Reporting (bran	ch) office Address		Employment Perio	od: (DD-MON-YYY	Y)	
			*From:			
			* To:			
Job Details			Reporting Manager's Details			
*Position Held :			*Name :			
*Department:			*Job Title :			
*Employee Code:			*Department :			
SSN (if applicable):			*Present Contact Number :			
*Employment Type: Permanent Temporary			*Official Email ID :			
*Agency Name and Details:			*Reason(s) for Leaving:			
(Temporary/contractual)						
*Starting Base Salary	*Other Compensation	*Total	*Final Base Salary	*Other Compensation	*Total	
Any other pertinent information:						

Professional Reference Details

Note: Please attach more reference sheets if necessary

Detail		Reference 1	Reference 2	
*Reference Full Name				
*Designation				
*Company Name				
*Contact Telephone				
*Company Email Address				
*How do you know this person?				
*Can the reference be contacted?	☐ Yes [No	☐ Yes ☐ No	
comacteu?	If No, please give the reason why and give an alternate reference		If No, please give the reason why and give an alternate reference	
*Is the reference linked to current employment?	☐ Yes	If yes, mention date reference can be	Yes	If yes, mention date reference can be
our on projection.	☐ No	contacted:	☐ No	contacted:
Additional information				

Mandatory Supporting Documents/Instructions

Address check:

Location details along with 2 landmarks and landline telephone numbers

Education Check:

- Photocopy of the degree certificate and final year mark sheet.
- o Registration number or enrollment number

Bangalore University Specific

- Photocopy of both sides of the degree certificate (The reverse side of the certificate has some information which the University would require).
- o Copies of Marks Sheets/Grade Card for all the years of attendance.

Roll number, College name and College contact details are mandatory.

Credential Check:

Photocopy of certificate

Employment Check:

- o Photocopy of relieving/experience certificate of each employment.
- o Latest month salary slip of each employment

Current Employment: Please do not fill details of the company verifying your background. Please fill latest/last employer's information other than for whom you are being verified.

Reference Check: Details provided must be of the reporting manager at the previous company. Please provide full name, designation, land-line telephone number and official email ID.

INFORMATION RELEASE FORM

To Whom It May Concern:		
I,		
(Last Name)	(First Name)	(Middle Name)
hereby authorize my current/pro- partners or vendors, and any per- presented in my employment app hereby grant authority to the beat previous employment record held information should include, but no of my salary upon departure and hereby release from liability any p	erson or organizations acting on plication and to compile a backgrarer of this letter to access or be by any company or business for ot be restricted to, the dates of erd an appraisal of my performance.	its behalf, to verify information round report for that purpose. It is provided with full details of my which I previously worked. This imployment, position held, details see, capabilities and character. I
Date:	*_	Candidate Signature Name of the Candidate