Background Verification Form

Instructions: Please fill the form in **BLOCK** letters only and do not use any abbreviations

		Perso	nal Infor	mation				
First Name								
Middle Name								
Last Name							Please affix	
Nationality							your most	
Gender	m Male	<u> </u>		Fer	male	r	ecent photo	
Marital Status							here	
Contact Number								
Email ID								
Date of Birth	D	D	М	М	Y	Y	Y	Y
Father's Name								
Identification Number								
Identification Type								
		Perm	anent A	ddress				
House/Flat Number								
Building Number & Name								
Address Line 1								
Address Line 2								
Address Line 3								
City								
Postal Code								
State								
Country								
Prominent Landmark			M 1		T v 1		V 1	
Period of From	D D	D D	M M	M M	Y	Y	Y	Y
Stay To	٠	5	111		'	'	·	
Contact Number								
		Cui	rrent Ado	dress				
Same As Above	☐ YES) NO		
House/Flat Number								
Building Number & Name								
Address Line 1								
Address Line 2 Address Line 3								
City								
Postal Code								
State								
Country								
Prominent Landmark								
Period of From	D	D	М	М	Y	Υ	Y	Υ
Stay To	D	D	М	М	Y	Y	Y	Y
Contact Number					·		·	







Education Section

	Post – Gra	duation or Profess	ional Certification	
Name of Qualification Obtained				
Area of Specialization (s)				
Institution Name and (School/ College/Ins				
Name & Address of				
	Registration Number			
	From	М	М	Y
Period of Study	То	М	М	Y
Year of Passing		Graduated	☐ Yes ☐ No	Pursuing
Course Attended		Regular	☐ Evening	Correspondence
		Graduation		
Name of Qualification	on Obtained			
Area of Specialization				
Institution Name and (School/ College/Institution Name)				
Name & Address of	University / Board			
Enrolment / Roll / Ro	egistration Number			
Period of Study	From	М	М	Y
renou or study	То	М	М	Y
Year of Passing		Graduated	☐ Yes ☐ No	Pursuing
Course Attended		Regular	Evening	Correspondence
		HSC / Pre - Univ	ersity	
Name of Qualification	on Obtained	HSC / Pre - Univ	ersity	
Area of Specialization	on(s)	HSC / Pre - Univ	ersity	
Area of Specialization	on(s) Id Contact Details	HSC / Pre - Univ	ersity	
Area of Specialization Institution Name an (School/ College/Institution)	on(s) ad Contact Details titute)	HSC / Pre - Univ	ersity	
Area of Specialization Institution Name and (School/ College/Institution Name & Address of	on(s) od Contact Details titute) University / Board	HSC / Pre - Univ	ersity	
Area of Specialization Institution Name an (School/ College/Institution)	on(s) ad Contact Details titute) University / Board egistration Number	HSC / Pre - Univ	ersity	Y
Area of Specialization Institution Name and (School/ College/Institution Name & Address of	on(s) od Contact Details titute) University / Board egistration Number From			Y Y Y
Area of Specialization Institution Name and (School / College / Institution Name & Address of Enrolment / Roll / R	on(s) ad Contact Details titute) University / Board egistration Number	M M	M M	Y
Area of Specialization Institution Name and (School / College/Institution Name & Address of Enrolment / Roll / Rol	on(s) od Contact Details titute) University / Board egistration Number From	M M M	M M M M M No	Pursuing
Area of Specialization Institution Name and (School / College / Institution Name & Address of Enrolment / Roll / R	on(s) od Contact Details titute) University / Board egistration Number From	Graduated Regular	M M M NO Evening	Y
Area of Specialization Institution Name and (School / College / Institution Name and (School / College / Institution Name & Address of Enrolment / Roll / Ro	on(s) od Contact Details titute) University / Board egistration Number From To	M M M	M M M NO Evening	Pursuing
Area of Specialization Institution Name and (School/ College/Institution Name & Address of Enrolment / Roll	on(s) od Contact Details titute) University / Board egistration Number From To	Graduated Regular	M M M NO Evening	Pursuing
Area of Specialization Institution Name and (School / College / Institution Name and (School / College / Institution Name & Address of Enrolment / Roll / Ro	on(s) ad Contact Details titute) University / Board egistration Number From To on Obtained on(s)	Graduated Regular	M M M NO Evening	Pursuing
Area of Specialization Institution Name and (School / College / Institution Name and (School / College / Institution Name & Address of Enrolment / Roll / Ro	on(s) ad Contact Details titute) University / Board egistration Number From To on Obtained on(s) ad Contact Details	Graduated Regular	M M M NO Evening	Pursuing
Area of Specialization Institution Name and (School / College / Institution Name and (School / College / Institution Name & Address of Enrolment / Roll / Ro	on(s) od Contact Details titute) University / Board egistration Number From To on Obtained on(s) od Contact Details titute)	Graduated Regular	M M M NO Evening	Pursuing
Area of Specialization Institution Name and (School/ College/Institution Name & Address of Enrolment / Roll	on(s) ad Contact Details titute) University / Board egistration Number From To on Obtained on(s) ad Contact Details titute) / Board egistration Number	Graduated Regular SSC / 10 th Equiva	Yes No Evening	Pursuing Correspondence
Area of Specialization Institution Name and (School/ College/Institution Name and (School/ College/Institution Name & Address of Enrolment / Roll / R	on(s) ad Contact Details titute) University / Board egistration Number From To on Obtained on(s) ad Contact Details titute) / Board	Graduated Regular SSC / 10 th Equiva	Yes No Evening	Pursuing Correspondence
Area of Specialization Institution Name and (School/ College/Institution Name and (School/ College/Institution Name & Address of Enrolment / Roll / R	on(s) ad Contact Details titute) University / Board egistration Number From To on Obtained on(s) ad Contact Details titute) / Board egistration Number	Graduated Regular SSC / 10 th Equiva	Yes No Evening	Pursuing Correspondence
Area of Specialization Institution Name and (School/ College/Institution Name and (School/ College/Institution Name & Address of Enrolment / Roll / R	on(s) ad Contact Details titute) University / Board egistration Number From To on Obtained on(s) ad Contact Details titute) / Board egistration Number From	Graduated Regular SSC / 10 th Equiva	Yes No Evening	Pursuing Correspondence









Employment Section

Note: Please start with your most recent employer

		Emplo	yer 1			
Company Name						
Address Line 1						
Address Line 2						
Address Line 3						
City						
Postal Code						
State						
Company Phone No.			Company We	bsite		
Designation			Supervisor Na	ame		
Department			Supervisor's	Designatio 1		
Remuneration (CTC - PA)			Supervisor's	Email ID		
Employee ID			Supervisor's	Phone No.		
Date of Joining	D	D	М	М	Y	Y
Date of Exit	D	D	М	М	Y	Υ
SSN			Reason fo	r Leaving		
Employment Type	Full - Time	9		Part-Tir	me	
Nature of Employment	Probation	☐ Permar	nent 🗆	Contractual		Temporary
Outsourcing Agency Details	, if through co	ntract				
		Emplo	ver 2			
Company Name		Emplo	yer 2			
Company Name		Emplo	yer 2			
Address Line 1		Emplo	yer 2			
Address Line 1 Address Line 2		Emplo	yer 2			
Address Line 1 Address Line 2 Address Line 3		Emplo	yer 2			
Address Line 1 Address Line 2 Address Line 3 City		Emplo	yer 2			
Address Line 1 Address Line 2 Address Line 3 City Postal Code		Emplo	yer 2			
Address Line 1 Address Line 2 Address Line 3 City Postal Code State		Emplo		ebsite		
Address Line 1 Address Line 2 Address Line 3 City Postal Code State Company Phone No.		Emplo	Company We			
Address Line 1 Address Line 2 Address Line 3 City Postal Code State		Emplo	Company We Supervisor Na	ame		
Address Line 1 Address Line 2 Address Line 3 City Postal Code State Company Phone No. Designation Department		Emplo	Company We Supervisor Na Supervisor's	ame Designatio 1		
Address Line 1 Address Line 2 Address Line 3 City Postal Code State Company Phone No. Designation Department Remuneration (CTC - PA)		Emplo	Company We Supervisor Na Supervisor's Supervisor's	ame Designatio 1 Email ID		
Address Line 1 Address Line 2 Address Line 3 City Postal Code State Company Phone No. Designation Department Remuneration (CTC - PA) Employee ID	D	Emplo	Company We Supervisor Na Supervisor's	ame Designatio 1 Email ID	Y	Y
Address Line 1 Address Line 2 Address Line 3 City Postal Code State Company Phone No. Designation Department Remuneration (CTC - PA)	D D		Company We Supervisor Na Supervisor's Supervisor's Supervisor's	Designatio 1 Email ID Phone No.	Y	Y
Address Line 1 Address Line 2 Address Line 3 City Postal Code State Company Phone No. Designation Department Remuneration (CTC - PA) Employee ID Date of Joining Date of Exit		D	Company We Supervisor Na Supervisor's Supervisor's Supervisor's	Designatio Email ID Phone No.		Y
Address Line 1 Address Line 2 Address Line 3 City Postal Code State Company Phone No. Designation Department Remuneration (CTC - PA) Employee ID Date of Joining Date of Exit SSN		D D	Company We Supervisor No Supervisor's Supervisor's Supervisor's M	Designatio Email ID Phone No. M T Leaving	Y	Y
Address Line 1 Address Line 2 Address Line 3 City Postal Code State Company Phone No. Designation Department Remuneration (CTC - PA) Employee ID Date of Joining Date of Exit SSN Employment Type Nature of Employment	Full - Time	Permar	Company We Supervisor Na Supervisor's Supervisor's Supervisor's Meason fo	Designatio Email ID Phone No.	me	emporary
Address Line 1 Address Line 2 Address Line 3 City Postal Code State Company Phone No. Designation Department Remuneration (CTC - PA) Employee ID Date of Joining Date of Exit SSN Employment Type	Full - Time	Permar	Company We Supervisor Na Supervisor's Supervisor's Supervisor's Meason fo	Designatio Email ID Phone No. M T Leaving Part-Tir	me	
Address Line 1 Address Line 2 Address Line 3 City Postal Code State Company Phone No. Designation Department Remuneration (CTC - PA) Employee ID Date of Joining Date of Exit SSN Employment Type Nature of Employment	Full - Time	Permar	Company We Supervisor Na Supervisor's Supervisor's Supervisor's Meason fo	Designatio Email ID Phone No. M T Leaving Part-Tir	me	
Address Line 1 Address Line 2 Address Line 3 City Postal Code State Company Phone No. Designation Department Remuneration (CTC - PA) Employee ID Date of Joining Date of Exit SSN Employment Type Nature of Employment	Full - Time	Permar	Company We Supervisor Na Supervisor's Supervisor's Supervisor's Meason fo	Designatio Email ID Phone No. M T Leaving Part-Tir	me	







			Emplo	yer 3			
Company Name							
Address Line 1							
Address Line 2							
Address Line 3							
City							
Postal Code							
State							
Company Phone No.				Company W	/ebsite		
Designation				Supervisor N	Name		
Department				Supervisor's	Designatio I		
Remuneration (CTC - PA)				Supervisor's	Email ID		
Employee ID				Supervisor's	s Phone No.		
Date of Joining		D	D	М	М	Y	Y
Date of Exit		D	D	М	М	Y	Y
SSN				Reason f	or Leaving		
Employment Type		Full - Time			☐ Part-Time		
Nature of Employment	О	Probation	Permai	nent [Contractual		Temporary
Outsourcing Agency Details	, if t	hrough con	ntract				
			Emplo	yer 4			
Company Name							
Address Line 1							
Address Line 2							
Address Line 3							
City							
Postal Code							
State					. 1 .		
Company Phone No.				Company W			
Designation Department				Supervisor N	Name S Designatio		
Remuneration (CTC - PA)				Supervisor's			
Employee ID				Supervisor's			
Date of Joining		D	D	M		Y	Y
Date of Exit		D	D	M	М	Y	Y
SSN				Reason f	or Leaving		
Employment Type		Full - Time	1	neuson i	Part-Time		
Nature of Employment	JL	Probation	Permai	nent r	Contractual		Temporary
Outsourcing Agency Details	. if t						









Employer 5						
Company Name						
Address Line 1						
Address Line 2						
Address Line 3						
City						
Postal Code						
State						
Company Phone No.			Company We	bsite		
Designation			Supervisor Na	ame		
Department			Supervisor's	Designatio 1		
Remuneration (CTC - PA)			Supervisor's	Email ID		'
Employee ID			Supervisor's			
Date of Joining	D	D	М	М	Υ	Υ
Date of Exit	D	D	М	М	Y	Υ
SSN			Reason fo	r Leaving		
Employment Type	Full - Tim	e		Part-Tir	ne	
Nature of Employment	Probation	Perma	nent 🗀	Contractual		emporary
Outsourcing Agency Details	, if through co	ntract				

Reference Section

	Reference 1	Reference 2	Reference 3
Name			
Designation			
Organization			
Relationship			
Telephone Number			
Email ID			







Letter of Authorization

To whom it may concern

I understand that the information provided by me may be used by the organization or an outside agency to verify and validate the information I have provided including my employment, my personal background, professional standing, work history and qualifications.

I understand that the organization or an outside background agency may obtain information it deems appropriate from various sources including, but not limited to, the following: current and past employers, criminal conviction records, school records, College records and professional and personal references.

I authorize, without reservation, any individual, corporation or other private or public entity to furnish the organization or outside background verification agency all information about me.

I unconditionally release and hold harmless any individual, corporation, or private or public entity from any and all causes of action that might arise from furnishing to the organization or outside background verification agency that they may request pursuant to this release.

This authorization and release, in original, faxed or photocopied form, shall be valid for this and any future reports and updates that may be requested.

Signature	
Name (In Block Letters)	
Date	







