



Background Verification Form

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

Personal Information									
First Name					Please affix your most recent photo here				
Middle Name									
Last Name									
Nationality									
Gender	<input type="checkbox"/> Male		<input type="checkbox"/> Female						
Marital Status									
Contact Number									
Email ID									
Date of Birth	D	D	M	M	Y	Y	Y	Y	
Father's Name									
Identification Number									
Identification Type									
Permanent Address									
House/Flat Number									
Building Number & Name									
Address Line 1									
Address Line 2									
Address Line 3									
City									
Postal Code									
State									
Country									
Prominent Landmark									
Period of Stay	D	D	M	M	Y	Y	Y	Y	
From	D	D	M	M	Y	Y	Y	Y	
To									
Contact Number									
Current Address									
Same As Above	<input type="checkbox"/> YES				<input type="checkbox"/> 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 Stay	D	D	M	M	Y	Y	Y	Y	
From	D	D	M	M	Y	Y	Y	Y	
To									
Contact Number									



Education Section

Post – Graduation or Professional Certification					
Name of Qualification Obtained					
Area of Specialization (s)					
Institution Name and Contact Details (School/ College/Institute)					
Name & Address of University / Board					
Enrolment / Roll / Registration Number					
Period of Study	From	M	M	Y	Y
	To	M	M	Y	Y
Year of Passing		Graduated	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Pursuing
Course Attended		<input type="checkbox"/> Regular	<input type="checkbox"/> Evening	<input type="checkbox"/> Correspondence	
Graduation					
Name of Qualification Obtained					
Area of Specialization(s)					
Institution Name and Contact Details (School/ College/Institute)					
Name & Address of University / Board					
Enrolment / Roll / Registration Number					
Period of Study	From	M	M	Y	Y
	To	M	M	Y	Y
Year of Passing		Graduated	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Pursuing
Course Attended		<input type="checkbox"/> Regular	<input type="checkbox"/> Evening	<input type="checkbox"/> Correspondence	
HSC / Pre - University					
Name of Qualification Obtained					
Area of Specialization(s)					
Institution Name and Contact Details (School/ College/Institute)					
Name & Address of University / Board					
Enrolment / Roll / Registration Number					
Period of Study	From	M	M	Y	Y
	To	M	M	Y	Y
Year of Passing		Graduated	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Pursuing
Course Attended		<input type="checkbox"/> Regular	<input type="checkbox"/> Evening	<input type="checkbox"/> Correspondence	
SSC / 10 th Equivalent					
Name of Qualification Obtained					
Area of Specialization(s)					
Institution Name and Contact Details (School/ College/Institute)					
Name of University / Board					
Enrolment / Roll / Registration Number					
Period of Study	From	M	M	Y	Y
	To	M	M	Y	Y
Year of Passing		Graduated	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Pursuing
Course Attended		<input type="checkbox"/> Regular	<input type="checkbox"/> Evening	<input type="checkbox"/> Correspondence	



Employment Section

Note: Please start with your most recent employer

Employer 1									
Company Name									
Address Line 1									
Address Line 2									
Address Line 3									
City									
Postal Code									
State									
Company Phone No.				Company Website					
Designation				Supervisor Name					
Department				Supervisor's Designation					
Remuneration (CTC - PA)				Supervisor's Email ID					
Employee ID				Supervisor's Phone No.					
Date of Joining	D	D	M	M	Y	Y			
Date of Exit	D	D	M	M	Y	Y			
SSN				Reason for Leaving					
Employment Type	<input type="checkbox"/> Full - Time <input type="checkbox"/> Part-Time								
Nature of Employment	<input type="checkbox"/> Probator <input type="checkbox"/> Permanent <input type="checkbox"/> Contractual <input type="checkbox"/> Temporary								
Outsourcing Agency Details, if through contract									
Employer 2									
Company Name									
Address Line 1									
Address Line 2									
Address Line 3									
City									
Postal Code									
State									
Company Phone No.				Company Website					
Designation				Supervisor Name					
Department				Supervisor's Designation					
Remuneration (CTC - PA)				Supervisor's Email ID					
Employee ID				Supervisor's Phone No.					
Date of Joining	D	D	M	M	Y	Y			
Date of Exit	D	D	M	M	Y	Y			
SSN				Reason for Leaving					
Employment Type	<input type="checkbox"/> Full - Time <input type="checkbox"/> Part-Time								
Nature of Employment	<input type="checkbox"/> Probator <input type="checkbox"/> Permanent <input type="checkbox"/> Contractual <input type="checkbox"/> Temporary								
Outsourcing Agency Details, if through contract									



Employer 3							
Company Name							
Address Line 1							
Address Line 2							
Address Line 3							
City							
Postal Code							
State							
Company Phone No.				Company Website			
Designation				Supervisor Name			
Department				Supervisor's Designation			
Remuneration (CTC - PA)				Supervisor's Email ID			
Employee ID				Supervisor's Phone No.			
Date of Joining	D	D	M	M	Y	Y	
Date of Exit	D	D	M	M	Y	Y	
SSN				Reason for Leaving			
Employment Type	<input type="checkbox"/> Full - Time <input type="checkbox"/> Part-Time						
Nature of Employment	<input type="checkbox"/> Probation <input type="checkbox"/> Permanent <input type="checkbox"/> Contractual <input type="checkbox"/> Temporary						
Outsourcing Agency Details, if through contract							

Employer 4							
Company Name							
Address Line 1							
Address Line 2							
Address Line 3							
City							
Postal Code							
State							
Company Phone No.				Company Website			
Designation				Supervisor Name			
Department				Supervisor's Designation			
Remuneration (CTC - PA)				Supervisor's Email ID			
Employee ID				Supervisor's Phone No.			
Date of Joining	D	D	M	M	Y	Y	
Date of Exit	D	D	M	M	Y	Y	
SSN				Reason for Leaving			
Employment Type	<input type="checkbox"/> Full - Time <input type="checkbox"/> Part-Time						
Nature of Employment	<input type="checkbox"/> Probation <input type="checkbox"/> Permanent <input type="checkbox"/> Contractual <input type="checkbox"/> Temporary						
Outsourcing Agency Details, if through contract							



Employer 5						
Company Name						
Address Line 1						
Address Line 2						
Address Line 3						
City						
Postal Code						
State						
Company Phone No.			Company Website			
Designation			Supervisor Name			
Department			Supervisor's Designation			
Remuneration (CTC - PA)			Supervisor's Email ID			
Employee ID			Supervisor's Phone No.			
Date of Joining	D	D	M	M	Y	Y
Date of Exit	D	D	M	M	Y	Y
SSN			Reason for Leaving			
Employment Type	<input type="checkbox"/> Full - Time		<input type="checkbox"/> Part-Time			
Nature of Employment	<input type="checkbox"/> Probation		<input type="checkbox"/> Permanent	<input type="checkbox"/> Contractual	<input type="checkbox"/> Temporary	
Outsourcing Agency Details, if through contract						

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	