



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 _____ :

Name	Relationship	Position

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 add 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 _____.

I authorize _____, 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 _____, its agents, representatives and/or third - party providers, for the said Purpose.

I hereby release, discharge and hold free and harmless, _____, 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: