



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

BACKGROUND INVESTIGATION

AUTHORIZATION FOR EDUCATION CHECK

To the Registrar's Office

To whom it may concern:

This is to authorize confirmation and verification of _____,
through their official representative, on my education records based on my declared information below:

Highest Education Attainment:

- Post-Graduate Degree (Doctorate, Masters) High School Graduate (ALS passer OR old curriculum)
 Post-Graduate Level (Doctorate, Masters) Senior High School Graduate (K-12)
 College Graduate K-12 Undergraduate
 1st year College (Completed OR With back subjects)
 2nd year College (Completed OR With back subjects)
 3rd year College (Completed OR With back subjects)
 4th year College (Completed OR With back subjects)
 Diploma/ Associate/ Vocational Course (specify # of year/s_____)

Name of Institution (College/Post Graduate): _____

Address / Branch: _____

Contact Details: _____

Name in school records: _____

Degree/Course: _____

Date of Graduation (if applicable - for College Graduate only) MM/DD/YYYY: ____/____/____

Student ID: _____

Dates Attended: From: ____/____/____ To: ____/____/____
MM / DD / YYYY MM / DD / YYYY

Name of Institution (High School):

Address / Branch: _____

Contact Details: _____

Name in school records: _____

Date of Graduation (if applicable - for High School Graduate only) MM/DD/YYYY: ____/____/____

Student ID: _____ Section: _____

Dates Attended: From: ____/____/____ To: ____/____/____
MM / DD / YYYY MM / DD / YYYY

Kindly extend due courtesy upon request of relevant information deemed necessary in completion of the education checks.

Thank you.

Signature over Printed Name / Date Signed

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.