*Company Name*

Human Resources

*Please be advised that your employment is contingent upon successful completion of this background check.*

# Background verification form

## Employee information

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| First Name |  |  | Last Name |  |  |
| Current Address |  |  | Since: |  | Date: To [DATE] From [DATE] |
| Social Security# |  |  | Date of Birth |  |  |
| Gender |  |  | Date Time Phone# |  |  |
| Driver’s License# |  |  | State of Issuance |  |  |
| Email Address |  |  | Other |  |  |

## Employment History

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Company/Employer Name | Dates of Employment | Position/Title | Employer City & State | Employer Contact Number | If this is your present employer, may we contact this employer? □ YES □ NO |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

## Qualification

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Institute Name | Dates Attended: (*MM/YY-MM/YY* | Institute Phone | City/State | Degree Earned | Major |
|  |  |  |  |  |  | |
|  |  |  |  |  |  | |
|  |  |  |  |  |  | |

## **PROFESSIONAL LICENSES** *(including BAR affiliation)*

Type of License: License# State

Submit to Center for Human Resources, or fax to XX-XXX-XXXX

|  |  |
| --- | --- |
| Applicant Signature & Date: |  |

Prepared by: wordexceltemplates.com