

EMPLOYER 2:	Employee Id:	From (mm/yy):	To (mm/yy):
Street Address:		Employer's Phone No.:	Remuneration/Salary:
City:	State:	Country:	Postal Code:
Job Title:		Reason for leaving:	
Employment Status: <i>(Please check the relevant box)</i>		Supervisor's Details:	
<input type="checkbox"/> Full Time <input type="checkbox"/> Contract /Through Outsourcing Agency		Name:	
Outsourcing Agency Details:		Title:	
Name:		Phone No.:	
Address:		E-mail id: <i>(Preferably official)</i>	
Tel No.:		HR Manager's Details:	
Description of Duties:		Name:	
		Phone No.:	
		E-mail id: <i>(Preferably official)</i>	



All details are compulsory

Strictly Private & Confidential

EMPLOYER 3:	Employee Id:	From (mm/yy):	To (mm/yy):
Street Address:		Employer's Phone No.:	Remuneration/Salary:
City:	State:	Country:	Postal Code:
Job Title:		Reason for leaving:	
Employment Status: <i>(Please check the relevant box)</i>		Supervisor's Details:	
<input type="checkbox"/> Full Time <input type="checkbox"/> Contract /Through Outsourcing Agency		Name:	
Outsourcing Agency Details:		Title:	
Name:		Phone No.:	
Address:		E-mail id: <i>(Preferably official)</i>	
Tel No.:		HR Manager's Details:	
Description of Duties:		Name:	
		Phone No.:	
		E-mail id: <i>(Preferably official)</i>	

All details are compulsory

Strictly Private & Confidential

EMPLOYER 4:	Employee Id:	From (mm/yy):	To (mm/yy):
Street Address:		Employer's Phone No.:	Remuneration/Salary:
City:	State:	Country:	Postal Code:
Job Title:		Reason for leaving:	
Employment Status: <i>(Please check the relevant box)</i>		Supervisor's Details:	
<input type="checkbox"/> Full Time <input type="checkbox"/> Contract /Through Outsourcing Agency		Name:	
Outsourcing Agency Details:		Title:	
Name:		Phone No.:	
Address:		E-mail id: <i>(Preferably official)</i>	
Tel No.:		HR Manager's Details:	
Description of Duties:		Name:	
		Phone No.:	
		E-mail id: <i>(Preferably official)</i>	

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DECLARATION & LETTER OF AUTHORIZATION

- I certify that the statements made in this application are valid and complete to the best of my knowledge. I understand that false or misleading information may result in termination of employment.
- If upon investigations, any of this information is found to be incomplete or inaccurate, I understand that I will be subject to dismissal at any time during my employment.
- I hereby authorize **the Company** and/or any of its subsidiaries or affiliates and any persons or organizations acting on its behalf (**TP**), to verify the information presented on this application form and to procure an investigative report or consumer report for that purpose.
- I hereby grant authority for the bearer of this letter to access or be provided with full details of my previous records. In addition, please provide any other pertinent information requested by the individual presenting this authority.
- I hereby release from liability all persons or entities requesting or supplying such information.
- I authorize **the Company** to contact my present employer. Yes No
- I have read, understand, and by my signature consent to these statements.

SIGNATURE:

DATE:

NAME (IN BLOCK LETTERS):

DOCUMENTS REQUIRED (COMPULSORY)	ATTACHED YES / NO
Copy of all past Employment Appointment & Relieving Letters / Salary Slips with employee code	

All details are compulsory

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