



BACKGROUND CHECK AUTHORIZATION FORM

SECTION A										APPLICANT INFORMATION														
Last Name:					First Name:					Middle Name:					Name Extension (Jr., Sr):					Nickname:				
Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female		Civil Status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Widowed			Nationality:			Date of Birth (mm/dd/yyyy):			Place of Birth:			Mobile Number/Telephone Number:										
Permanent Address:																								
House/Block/Lot No. / Street / Subdivision/Village / Barangay / City/Municipality / Province															Zip Code									
Residence Street Address (if different from the above address):																								
House Block/Lot No. / Street / Subdivision/Village / Barangay / City/Municipality / Province															Zip Code									
Father's Name:					Occupation:			Mother's Maiden Name:					Occupation:			No. of Siblings: Brother _____ Sister _____								
Last Name, First Name, Middle Name								Last Name, First Name, Middle Name																
SECTION B										EDUCATIONAL BACKGROUND														
Level		Name of School					Location (Complete Address)					Year Graduated (yyyy to yyyy)			Degree/Course									
High School																								
Vocational																								
College																								
Graduate Studies																								
Special Skills and Hobbies:																								
SECTION C										EMPLOYMENT HISTORY (for the past 10 years)														
Name of Company					Address					Contact Number					Period of Employment									
1.																								
2.																								
3.																								
Character References					Company/Position					Contact Number														
1.																								
2.																								
3.																								
SECTION D										ADDITIONAL INFORMATION														
Have you ever been convicted of any crime or violation of any law, decree, ordinance or regulation by any court or tribuna?																								
<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, give details: _____																								
SECTION E										APPLICANT'S STATEMENT OF AUTHORIZATION														
<u>This Section to be filled up by the Applicant</u>																								
I hereby certify that the above information written in this form are true, correct and complete. I also authorize the agency head/authorized representative to verify/validate the contents stated here. I agree that any falsification made in this document shall result to the termination of my employment in this University.																								
															_____ Signature over Printed Name									
SECTION F										ACKNOWLEDGEMENT, VERIFICATION AND EVALUATION														
<u>This Section will be filled up by the HR Department</u>																								
Position Title:_____										Department/Office to be assigned: _____														
I have verified/validated that the above information is true, correct and complete.																								
DEBBIE ANN FATIMA N. BARRERA, MPA Supervising Administrative Officer										_____ Date					_____ Signature over Printed Name									
DHVSU-QSP-ADMINSO-004-FO004-R00																								

