

Date

Background Check Form

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Name of Candidate		Position Applied For	
Age		Date	
EMPLOYMENT VERIFICATION (This is to check and validate if the		ated in the resume is true	and correct)
Employer Information:			
Name of Interviewee			
Position			
Department			
Company Name			
Questions to Ask:			
Did he/she work in this company?		(please check) ○ Yes ○ No (if NO, do not pursue anymore application of the said candidate.)	
What was his/her last position hel	d?		
What particular department he/sh	e was assigned?		
Was he/she medically and physically fit for the position in your company?		(please check) Yes No If no, why?	
How long did he/she work in your company?			
What can you say about him/her as an employee of your company?			
Can you please let me know how he/she receiving in your company			
Was he/she given any disciplinary action(s) in your company?		(please check) O Yes (If yes, what was the DA	○ No given to him/her):
Why and when did he/she resign from your company?			
Will you re-hire him/her if given the chance and opportunity?		(please check) ○ Yes ○ No Why? If there's vacant position	
Conducted by (HR Recruitment)):		
Signature			