



Global Contract Professionals

BACKGROUND CHECK INFORMATION

□□□□ ATTACH A COPY OF DRIVER'S LICENSE AND SOCIAL SECURITY CARD (OR PASSPORT) □□□□

PERSONAL INFORMATION

Name: _____ Last _____ First _____ SSN: _____

I understand that the information provided for on the BACKGROUND RELEASE will be utilized by my employer in the background verification process.

EMPLOYMENT INFORMATION

It is a requirement by the CLIENT that we have the **last 10 years of background history** on file at our office. The most recent 7 years of which will have to be verified by phone or in writing, so please be thorough.

- Please list employment experience from most recent back 10 years. Be sure there are **NO GAPS** that are unaccounted for. If there is a period of unemployment, please use space to indicate the days you were unemployed.
- Any periods of unemployment during the most recent seven year time period of more than 30 days and under 11 months must be verified with a personal reference.
- Any periods of unemployment during the most recent seven years that are greater than 11 months must be verified with appropriate documentation.
- For the first seven years of the employment professional reference history you will only need documentation and a personal reference for periods of unemployment for more than 12 months.
- Use space for any **military time**, and that time will have to be accompanied by a DD FORM 214 verifying the appropriate dates.

COMPANY/SCHOOL/MILITARY/PERIOD OF EMPLOYMENT:							
Address:		City:		State:		Phone:	
CONTRACT COMPANY:							
Address:		City:		State:		Phone:	
From (Date) ____/____/____ Through (Date) ____/____/____				Supervisor:			

COMPANY/SCHOOL/MILITARY/PERIOD OF EMPLOYMENT:							
Address:		City:		State:		Phone:	
CONTRACT COMPANY:							
Address:		City:		State:		Phone:	
From (Date) ____/____/____ Through (Date) ____/____/____				Supervisor:			

COMPANY/SCHOOL/MILITARY/PERIOD OF EMPLOYMENT:							
Address:		City:		State:		Phone:	
CONTRACT COMPANY:							
Address:		City:		State:		Phone:	
From (Date) ____/____/____ Through (Date) ____/____/____				Supervisor:			



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EMPLOYMENT INFORMATION (continued)

PLEASE REMEMBER THERE SHOULD BE NO GAPS

COMPANY/SCHOOL/MILITARY/PERIOD OF EMPLOYMENT:							
Address:		City:		State:		Phone:	
CONTRACT COMPANY:							
Address:		City:		State:		Phone:	
From (Date) ____/____/____ Through (Date) ____/____/____				Supervisor:			

COMPANY/SCHOOL/MILITARY/PERIOD OF EMPLOYMENT:							
Address:		City:		State:		Phone:	
CONTRACT COMPANY:							
Address:		City:		State:		Phone:	
From (Date) ____/____/____ Through (Date) ____/____/____				Supervisor:			

COMPANY/SCHOOL/MILITARY/PERIOD OF EMPLOYMENT:							
Address:		City:		State:		Phone:	
CONTRACT COMPANY:							
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CONTRACT COMPANY:							
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CONTRACT COMPANY:							
Address:		City:		State:		Phone:	
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EMPLOYMENT INFORMATION (continued)

PLEASE REMEMBER THERE SHOULD BE NO GAPS

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CONTRACT COMPANY:							
Address:		City:		State:		Phone:	
From (Date) ____/____/____ Through (Date) ____/____/____				Supervisor:			

COMPANY/SCHOOL/MILITARY/PERIOD OF EMPLOYMENT:							
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CONTRACT COMPANY:							
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From (Date) ____/____/____ Through (Date) ____/____/____				Supervisor:			

COMPANY/SCHOOL/MILITARY/PERIOD OF EMPLOYMENT:							
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CONTRACT COMPANY:							
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EMPLOYMENT INFORMATION (continued)

PLEASE REMEMBER THERE SHOULD BE NO GAPS

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Address:		City:		State:		Phone:	
CONTRACT COMPANY:							
Address:		City:		State:		Phone:	
From (Date) ____/____/____				Through (Date) ____/____/____	Supervisor:		

COMPANY/SCHOOL/MILITARY/PERIOD OF EMPLOYMENT:							
Address:		City:		State:		Phone:	
CONTRACT COMPANY:							
Address:		City:		State:		Phone:	
From (Date) ____/____/____				Through (Date) ____/____/____	Supervisor:		

COMPANY/SCHOOL/MILITARY/PERIOD OF EMPLOYMENT:							
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CONTRACT COMPANY:							
Address:		City:		State:		Phone:	
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Address:		City:		State:		Phone:	
From (Date) ____/____/____				Through (Date) ____/____/____	Supervisor:		



EMPLOYMENT INFORMATION (continued)

PERSONAL REFERENCES

Please list 3 non-relative personal references that have known you for at least the last 5 years.

Table with 4 columns: Reference Number, Name, Address, Phone Number. Rows 1-3.

CRIMINAL HISTORY

Have you been CONVICTED of a FELONY? YES [] NO []

If YES, please check the applicable boxes below.

- List of 20 criminal offenses with checkboxes: Forgery of certificates, False marking of aircraft, Interference with air navigation, etc.

RELEASE AND CONSENT FOR A BACKGROUND SECURITY CHECK

As an applicant for employment, I hereby authorize Global Contract Professionals, Inc., its agent or consumer reporting bureau to contact orally or in writing any third parties to obtain information and qualifications for employment/education. I hereby waive any right or claims I might have against Global Contract Professionals, Inc. or its designee, as well as the company agency or any other person providing the requested information.

I agree that Global Contract Professionals, Inc. may, at its sole discretion, deny me employment, require that I be removed from a temporary assignment or discharge me from employment if the information received in the investigation is considered unfavorable by Global Contract Professionals, Inc. Any offer of employment by Global Contract Professionals, Inc. is subject to and conditioned upon Global Contract Professionals, Inc.'s review of such information.

I certify that the information given concerning my previous employment/enrollment is true to the best of my knowledge and belief. I understand that any false information, omissions, or misrepresentations of facts may result in rejection of my application or discharge from employment.

I have read the release and consent form and understand all of its terms. I execute it voluntarily and with full knowledge of its significance.

Signature _____ Date _____ Social Security Number _____



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BACKGROUND CHECK INFORMATION

PERSONAL INFORMATION

Name: _____	_____	SSN: _____
	Last	First

EDUCATION INFORMATION

It is a required that we verify your education. Please list any schools attended and list any degrees, certifications, or professional licenses attained. If no colleges, universities, etc. were attended, please list where you received your diploma or G.E.D.

COLLEGE/UNIVERSITY/INSTITUTION/TRADE SCHOOL:							
Address:		City:		State:		Phone:	
Degree or certificate earned:				Date granted:			
From (Date) ____/____/____		Through (Date) ____/____/____					

COLLEGE/UNIVERSITY/INSTITUTION/TRADE SCHOOL:							
Address:		City:		State:		Phone:	
Degree or certificate earned:				Date granted:			
From (Date) ____/____/____		Through (Date) ____/____/____					

COLLEGE/UNIVERSITY/INSTITUTION/TRADE SCHOOL:							
Address:		City:		State:		Phone:	
Degree or certificate earned:				Date granted:			
From (Date) ____/____/____		Through (Date) ____/____/____					

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Address:		City:		State:		Phone:	
Degree or certificate earned:				Date granted:			
From (Date) ____/____/____		Through (Date) ____/____/____					