

Employee Background Verification Form

Employee Details

Name: _____

Address: _____

Date of Birth: _____

Social Security Number: _____

Contact Number: _____

Verification Details

Check Type	Status	Date Completed	Notes
Criminal Record Check	<input type="checkbox"/> Clear <input type="checkbox"/> Flag		
Educational Qualification	<input type="checkbox"/> Verified		
Employment History	<input type="checkbox"/> Verified		
References	<input type="checkbox"/> Contacted		

Consent and Authorization

I, _____, authorize the employer to conduct a background verification and access necessary records for employment purposes.

Employee Signature: _____

Date: _____

Verification Conducted By

Verifier Name: _____

Title: _____

Signature: _____

Date: _____