

AUTHORIZATION

I hereby declare that all information provided in this form is true to the best of my knowledge and that any falsified or malicious information in this application will be sufficient grounds for withdrawal of offer (if applicant) or dismissal (if employed) upon discovery. I also confirm that all the personal information of other individuals I provided in this form are provided with their knowledge and consent, and that I undertake to be responsible to them for my disclosure of their information to **Satellite Teams**.

I expressly authorize Satellite Teams or any designated officer, employee, agent, or representative thereof to inquire about my educational background, work experiences, achievements, wage history, performance, attendance, and the reason for separation from former employment/s.

I give consent to the presented references to respond to any relevant questions and understand that any information provided in the course of the inquiry will be used solely for the purpose of determining my acceptability for employment at Satellite Teams. I acknowledge that the commencement and completion of the background check may be conducted at any time within the 6-month period from my start date. Satellite Teams reserves the right to decline the job application or rescind the contract within this period, should the result thereof turns out to be unfavorable.

I affirm and consent to the disclosure and sharing of my personal information and sensitive personal information, to **Satellite Teams**, its agents, representatives and/or third -party providers, for the said Purpose.

I hereby release, discharge and hold free and harmless, **Satellite Teams**, its agents, representatives and/or third party providers, and the disclosing individual and/or entity, who holds and controls my personal information, with regard to any above-mentioned sharing, disclosure and processing of my personal information and sensitive personal information.

I am executing this form and providing my consent, willingly and voluntarily, without compulsion and intimidation from the company

PRINTED NAME / SIGNATURE / DATE



Undertaking Agreement for Background Check for New hires

I, _____, scheduled to start on _____
(Full Name) (Start Date) agree that I will comply by the below mentioned requirements needed for the background check to be completed within the required timeline of the client I will be assigned to.

1. I will submit the supporting documents /additional information (proof of education, proof of employment, contact reference etc.) needed within 24 – 48 hrs. upon notification received from background check third party vendors, supervisor, trainer and/or any POCs.
2. Supporting documents/additional information for background check to be submitted to the recruiter.
3. Failure to comply on my part for my background check result to be completed, may result to pull out from the assigned client and/or off boarding.

Further, I hereby discharge the company from any liability that may arise from this undertaking.

Conforming;

Name

Signature

Date Signed

BACKGROUND INVESTIGATION FORM

Please fill all information in PRINTED. If item is not applicable put "N/A"

COMPLETE NAME

EMPLOYMENT DETAILS

1. NAME OF ORGANIZATION: _____

ADDRESS: _____

EMPLOYMENT DATE From (MM/DD/YYYY): ____/____/____ To (MM/DD/YYYY): ____/____/____

POSITION (Upon hiring): _____ POSITION (Upon leaving): _____

NATURE OF EMPLOYMENT: ☐ Full-Time ☐ Part-Time ☐ Self-Employed ☐ Internship

IMMEDIATE SUPERVISOR: _____ CONTACT NUMBER: _____

Reason for Leaving: _____ **Recruiter Remarks (R/O):** _____

2. NAME OF ORGANIZATION: _____

ADDRESS: _____

EMPLOYMENT DATE From (MM/DD/YYYY): ____/____/____ To (MM/DD/YYYY): ____/____/____

POSITION (Upon hiring): _____ POSITION (Upon leaving): _____

NATURE OF EMPLOYMENT: ☐ Full-Time ☐ Part-Time ☐ Self-Employed ☐ Internship

IMMEDIATE SUPERVISOR: _____ CONTACT NUMBER: _____

Reason for Leaving: _____ **Recruiter Remarks (R/O):** _____

3. NAME OF ORGANIZATION: _____

ADDRESS: _____

EMPLOYMENT DATE From (MM/DD/YYYY): ____/____/____ To (MM/DD/YYYY): ____/____/____

POSITION (Upon hiring): _____ POSITION (Upon leaving): _____

NATURE OF EMPLOYMENT: ☐ Full-Time ☐ Part-Time ☐ Self-Employed ☐ Internship

IMMEDIATE SUPERVISOR: _____ CONTACT NUMBER: _____

Reason for Leaving: _____ **Recruiter Remarks (R/O):** _____

PROFESSIONAL CHARACTER REFERENCE

Please provide us details of three (3) professional character references who have known you from your previous job(s). These character references should be your Immediate Supervisor, Manager, or Colleague.

FOR FRESH GRADUATES: Please provide us details of three (3) character references who have known you in the last 3 years. (Highschool Teacher / Professors/ Instructors / OJT Supervisor)

Note: Friends and relatives are NOT valid references.

PROFESSIONAL CHARACTER REFERENCE 1

NAME OF REFERENCE _____ RELATIONSHIP: _____

COMPANY & POSITION: _____ CONTACT DETAILS: _____

EMAIL ADDRESS: _____

PROFESSIONAL CHARACTER REFERENCE 2

NAME OF REFERENCE _____ RELATIONSHIP: _____

COMPANY & POSITION: _____ CONTACT DETAILS: _____

EMAIL ADDRESS: _____

PROFESSIONAL CHARACTER REFERENCE 3

NAME OF REFERENCE _____ RELATIONSHIP: _____

COMPANY & POSITION: _____ CONTACT DETAILS: _____

EMAIL ADDRESS: _____

AUTHORIZATION FOR EDUCATION CHECK

To the Registrar's Office

To whom it may concern:

This is to authorize confirmation and verification of **Satellite Teams**, through their official representative, on my education records based on my declared information below:

Highest Education Attainment:

- ☐ Post-Graduate Degree (Doctorate, Masters) ☐ High School Graduate (ALS passer OR old curriculum)
☐ Post-Graduate Level (Doctorate, Masters) ☐ Senior High School Graduate (K-12) ☐ College Graduate
☐ K-12 Undergraduate
☐ 1st year College (Completed OR With back subjects)
☐ 2nd year College (Completed OR With back subjects)
☐ 3rd year College (Completed OR With back subjects)
☐ 4th year College (Completed OR With back subjects)
☐ Diploma/ Associate/ Vocational Course (specify # of year/s___)

Name of Institution (Highest Educational Attainment): _____

Address / Branch: _____

Contact Details: _____

Name in school records: _____

Degree/Course: _____

Date of Graduation (if applicable - for College Graduate only) MM/DD/YYYY: ____/____/____

Student ID: _____

Dates Attended: From: ____/____/____ To: ____ Present ____/____/____
MM / DD / YYYY MM / DD / YYYY