

# STANDARD INTERNATIONAL AUTHORIZATION

Please read the following statements carefully.

## **NOTICE**

The purpose of this form is to notify you that Employer ("the Company") may obtain information about you from a consumer reporting agency for employment purposes. Thus, you may be the subject of a "consumer report," and/or an "investigative consumer report" which may include information about your character, general reputation, personal characteristics, and/or mode of living and which can involve personal interviews with sources such as your neighbors, friends, or associates. These reports may be obtained at any time after receipt of your authorization and, if you are hired, throughout your employment. You have the right, upon written request made within a reasonable time after receipt of this notice, to request disclosure of the nature and scope of any investigative consumer report. Please be advised that the nature and scope of the most common form of investigative consumer report obtained with regard to applicants for employment is an investigation into your education and/or employment history conducted by General Information Services, Inc, 917 Chapin Road, Post Office 343, Chapin, SC 29036, USA. The scope of this notice and authorization is all-encompassing, however, allowing Employer to obtain from any outside organization all manner of consumer reports and investigative consumer reports now and, if you are hired, throughout the course of your employment to the extent permitted by law. As a result, you should carefully consider whether to exercise your right to request disclosure of the nature and scope of any investigative consumer report.

## **AUTHORIZATION**

In connection with this request I authorize all corporations, employers, credit agencies, educational institutions, law enforcement agencies, city, state, county and federal courts and military services to release information about my background including but not limited to, information about my employment, education, consumer credit history, driving records, criminal record and general public records history to the person or company with which this form has been filed, or their agent for that purpose in the European Union and, if appropriate, other countries regulated by Data Protection Directives.

I understand that data will not be transferred to any country that lies outside the European Economic Area (EEA); however, data can be transferred with the consent of the data subject (applicant) at the point of collection where it is known that there will be a need or desire to transfer such data. Further in accordance with host nation laws regarding the release of information, the Fair Credit Reporting Act FCRA, 15 U.S.C. 1681-1681u, Data Protection Privacy Act 1998, European Directive on Data Protection 95/46/EC and others, I authorize the release and transmittal of information from any country to General Information Services, Inc, 917 Chapin Road, Post Office 343, Chapin, SC 29036, USA, the above agencies, and my employer or prospective employer in the United States or other country.

I understand and agree that my appointment is conditional upon the verification, to the Company's satisfaction, of the information provided on this form and that this information and that contained on attached documents, is true and complete to the best of my knowledge.

My signature below acknowledges the fact that I have read and understand GIS's Privacy Policy <http://www.gis-internationalscreening.com/Privacy.aspx> regarding the handling of my personal information. Furthermore, I hereby release the aforesaid parties or the company or individuals releasing information about me from any liability whatsoever in collecting and disseminating the information obtained.

\_\_\_\_\_  
Applicant Name: (Block letters, please, black ink)

\_\_\_\_\_  
Date: (month /day/year)

\_\_\_\_\_  
Applicant's Signature:

## Overseas Education History

*To ensure accuracy, you must print in BLOCK LETTERS and complete this form in its entirety*

Overseas academic institutions may require a copy of the applicant's degree certificate, transcript, or final year mark sheet in order to verify an applicant's academic history. GIS suggests at a minimum HR representatives require all applicants to provide a clear photo copy of their degree certificate at the onset.

**Name Candidate Attended Under:**

Surname/Last Name

Given 1/First Name

Given 2/Middle Name

**Institution Name:**

Name of Institution while attending.

**Type of Institution:**

High School

College

University

Vocational/Technical

Check One

**School/Campus Name (e.g. School of Law):**

**School Website (OPTIONAL):**

**Institution Contact (Phone/Fax):** Telephone: (       )

Facsimile: (       )

Complete mailing address of overseas institution. Post office box addresses not acceptable.

**Institution Address:**

Street

City

Province / Country

Postal Code

**Student Identification Numbers**

Many overseas universities maintain student files by the following numbering systems. Delays may occur if student number is not provided at the onset.

**Registration Number / Roll Number / Enrollment**

Number: \_\_\_\_\_

**Student Seat Number:** \_\_\_\_\_

**Attendance Dates (spell month):** From: \_\_\_\_\_

To: \_\_\_\_\_

**Date of Graduation (spell month):** \_\_\_\_\_

**Graduated:**  Yes  No

**If Not Graduated How many credits:** \_\_\_\_\_

**Degree Details: (type of degree awarded):** \_\_\_\_\_

**Major:** \_\_\_\_\_

**Date of Issuance of Degree:** \_\_\_\_\_

### Supporting Documentation

**Copy of Degree Provided:**  Yes  No

**Copy of Mark Sheets Provided:**  Yes  No

**Copy of Degree Certificate Provided:**  Yes  No

**Copy of Graduate Certificate Provided:**  Yes  No

### Education History No 1

**Note:** A copy of the degree or diploma is required for most educational institutions. Delays may occur if form is not completed in its entirety.

## Education History No 2

### Overseas Education History

*To ensure accuracy, you must print in BLOCK LETTERS and complete this form in its entirety*

Overseas academic institutions may require a copy of the applicant's degree certificate, transcript, or final year mark sheet in order to verify an applicant's academic history. GIS suggests at a minimum HR representatives require all applicants to provide a clear photo copy of their degree certificate at the onset.

**Name Candidate Attended Under:**

Surname/Last Name

Given 1/First Name

Given 2/Middle Name

**Institution Name:**

Name of Institution while attending.

**Type of Institution:**

High School

College

University,

Vocational/Technical

**Check One**

**School/Campus Name (e.g. School of Law):**

**School Website (OPTIONAL):**

**Institution Contact (Phone/Fax):** Telephone: (       )

Facsimile: (       )

Complete mailing address of overseas institution. Post office box addresses not acceptable.

**Institution Address:**

Street

City

Province / Country

Postal Code

**Student Identification Numbers**

Many overseas universities maintain student files by the following numbering systems. Delays may occur if student number is not provided at the onset.

**Registration Number / Roll Number / Enrollment**

Number: \_\_\_\_\_

Student Seat Number: \_\_\_\_\_

**Attendance Dates (spell month):** From: \_\_\_\_\_

To: \_\_\_\_\_

**Date of Graduation (spell month):** \_\_\_\_\_

**Graduated:**  Yes  No

**If Not Graduated How many credits:** \_\_\_\_\_

**Degree Details: (type of degree awarded):** \_\_\_\_\_

**Major:** \_\_\_\_\_

**Date of Issuance of Degree:**

#### Supporting Documentation

**Copy of Degree Provided:**  Yes  No

**Copy of Mark Sheets Provided:**  Yes  No

**Copy of Degree Certificate Provided:**  Yes  No

**Copy of Graduate Certificate Provided:**  Yes  No

Academic History

**Note:** A copy of the degree or diploma is required for most educational institutions. Delays may occur if form is not completed in its entirety.

## PERSONAL INFORMATION

## Employment History No 1

### Overseas Employment History

*To ensure accuracy, you must print in BLOCK LETTERS and complete this form in its entirety*

OK to contact Current Employer? :  Yes  No

**Staffing Agency Applicants:** For individuals recruited through an external agency (staffing agency) / outsourced, applicant should provide the name and contact details of the Agency through which the applicant was recruited to the organization.

Was Applicant Hired through overseas Staffing Agency? :  Yes  No (If Yes please provide staffing agency details)

**Name Applicant was Employed Under:**

Surname/Last Name

Given 1/First Name

Given 2/Middle Name

(Mother's maiden name may be required in Latin countries)

**Mother's Maiden Name:**

**Employee ID#:**

**Country ID #:**

**Company Name:**

**Department employed:**

**Company Website:** \_\_\_\_\_

**Last Title/Position while Employed:**

**Complete Mailing Address of the organization, branch / center the applicant was employed – (post office boxes not acceptable).**

**Company Address:**

Street

City

Province

Postal Code

**Company Phone Number:** (       )

**Company Facsimile:** (       )

**Name of Supervisor/Title:**

**Supervisor Phone Number:** (       )

**Dates of Employment (spell months): From**

**To:**

**Is this your current employer?**

Yes  No

**Do you Authorize General Information Services to contact this employer?**  Yes  No

## PERSONAL INFORMATION

## Employment History No 2

### Overseas Employment History

*To ensure accuracy, you must print in BLOCK LETTERS and complete this form in its entirety*

OK to contact Current Employer? :  Yes  No

**Staffing Agency Applicants:** For individuals recruited through an external agency (staffing agency) / outsourced, applicant should provide the name and contact details of the Agency through which the applicant was recruited to the organization.  
Was Applicant Hired through overseas Staffing Agency? :  Yes  No (If Yes please provide staffing agency details)

**Name Applicant was Employed Under:**

Surname/Last Name	Given 1/First Name	Given 2/Middle Name
(Mother's maiden name may be required in Latin countries)		

**Mother's Maiden Name:**

**Employee ID#:**

**Country ID #:**

**Company Name:**

**Department employed:**

**Company Website:** \_\_\_\_\_

**Last Title/Position while Employed:**

**Complete Mailing Address of the organization, branch / center the applicant was employed – (post office boxes not acceptable).**

**Company Address:**

Street

City

Province

Postal Code

**Company Phone Number:** (      )

**Company Facsimile:** (      )

**Name of Supervisor/Title:**

**Supervisor Phone Number:** (      )

**Dates of Employment (spell months):** From                      To:

**If additional employment history space is needed please attach additional information on a separate sheet. Additional information attached?**

Employment History

**Note:** Delays may occur if form is not completed in its entirety.

## PERSONAL INFORMATION

# Professional Qualifications 1

## Qualification / Membership History

*To ensure accuracy, you must print in BLOCK LETTERS and complete this form in its entirety*

Professional Qualifications / Membership History

Please provide a clear photo copy of certificate.

Name Qualification Obtained Under:

Surname/Last Name

Given 1/First Name

Given 2/Middle Name

Issuing Agency Name:

Issuing Agency Type:

Government  Other \_\_\_\_\_

Professional Association

Check One

Contact (Phone/Fax): Telephone: (        )

Facsimile: (        )

Agency Website:

Complete mailing address of issuing Agency. Post office box addresses not acceptable.

Issuing Agency Address:

Street

City

Country

Postal Code

### Details of Qualification / Membership

Qualification Name:

Qualification #:

Date of Initial Qualification (spell months):

Expiration Date (spell months):

Appointments:

Good Standing:  Yes  No

Qualification Ever Revoked/ Suspended?:  Yes  No

Copy of Qualification Provided:  Yes  No

### Details of Certification

Type of Certification:

Certificate Number:

Issue Date:

Expiration Date:

Copy of Certificate Provided:  Yes  No

If additional space is needed please attach additional information on a separate sheet. Additional information attached?  Yes

## PERSONAL INFORMATION

## Professional Qualifications 2

<b>Qualification / Membership History</b>			
<i>To ensure accuracy, you must print in BLOCK LETTERS and complete this form in its entirety</i>			
Please provide a clear photo copy of certificate.			
Name Qualification Obtained Under:			
Surname/Last Name	Given 1/First Name	Given 2/Middle Name	
Issuing Agency Name:		Issuing Agency Type: <input type="checkbox"/> Government <input type="checkbox"/> Other _____ <input type="checkbox"/> Professional Association Check One	
Contact (Phone/Fax): Telephone: (      )		Facsimile: (      )	
Agency Website:			
Complete mailing address of issuing Agency. Post office box addresses not acceptable.			
Issuing Agency Address:			
Street		City	
Country		Postal Code	
Details of Qualification / Membership			
Qualification Name:		Qualification #:	
Date of Initial Qualification (spell months):		Expiration Date (spell months):	
Appointments:		Good Standing: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Qualification Ever Revoked/ Suspended?: <input type="checkbox"/> Yes <input type="checkbox"/> No		Copy of Qualification Provided: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Details of Certification			
Type of Certification:	Certificate Number:	Issue Date:	Expiration Date:
Copy of Certificate Provided: <input type="checkbox"/> Yes <input type="checkbox"/> No			
If additional space is needed please attach additional information on a separate sheet. Additional information attached? <input type="checkbox"/> Yes			

Professional Qualifications / Membership History

## PERSONAL INFORMATION