



Corporate Head Office
300 Horseshoe Lake Drive, Unit 303
Halifax, NS, B3S 0B7
Tel: 902-450-0697
Fax: 902-484-5379
Toll Free: 888-818-5251

<https://csiscreening.com/>

EDUCATION VERIFICATION INFORMATION

Applicant's Name: _____

Date: _____

Please PRINT Clearly

Month Day Year

Institution Contact #1	
Institution Name	
Institution Address	
Institution Contact Phone & Email	
Date/Year Completed or Graduated	
Program/Degree/Certificate Obtained	
Student Number	
Institution Contact #2	
Institution Name	
Institution Address	
Institution Contact Phone & Email	
Date/Year Completed or Graduated	
Program/Degree/Certificate Obtained	
Student Number	
Institution Contact #3	
Institution Name	
Institution Address	
Institution Contact Phone & Email	
Date/Year Completed or Graduated	
Program/Degree/Certificate Obtained	
Student Number	

EDUCATION VERIFICATION REQUESTED BY: _____

CSI Background Screening Email Directory:

General Inquiries: admin@csiscreening.com

Screening Analyst: csi@csiscreening.com



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Applicant's Name:

Date:

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Employment Contact #1	
Contact First Name/Last Name	
Company Name (if applicable)	
Position/Title (if applicable)	
Daytime Phone# (include area code)	
Daytime Email	
Other Contact Information (mobile)	
What is/was your position or title?	
Employment start and end dates	
Employment Contact #2	
Contact First Name/Last Name	
Company Name (if applicable)	
Position/Title (if applicable)	
Daytime Phone# (include area code)	
Daytime Email	
Other Contact Information (mobile)	
What is/was your position or title?	
Employment start and end dates	
Employment Contact #3	
Contact First Name/Last Name	
Company Name (if applicable)	
Position/Title (if applicable)	
Daytime Phone# (include area code)	
Daytime Email	
Other Contact Information (mobile)	
What is/was your position or title?	
Employment start and end dates	

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PREVIOUS ADDRESSES

ADDRESS LINE 1	ADDRESS LINE 2	COUNTY/STATE/PROVINCE
ZIP/POSTAL CODE	COUNTRY	DATES OF RESIDENCE

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