



Corporate Head Office
115 Chain Lake Drive, Unit 2,
Halifax, NS B3S 1A7
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

| 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:

Please PRINT Clearly

| 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) | |
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PREVIOUS ADDRESSES

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

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