



Background Investigation Information Form

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Directions: Read *all* directions carefully. Please complete the form by providing all information requested. If possible, do not leave any lines blank.

I. PERSONAL INFORMATION

SECTION ONE	NAME:			- -
	LAST	FIRST	MIDDLE	SOCIAL SECURITY #
	HOME PHONE: ()	WORK PHONE: ()	ALTERNATE PHONE : ()	
	ADDITIONAL NAMES USED: (INCLUDING MAIDEN) ATTACH ADDITIONAL PAGES AS NECESSARY	1)	DATES USED:	
	2)	DATES USED:		

II. RESIDENCES HISTORY

List all your previous residences for the last seven (7) years, beginning with your present address. All periods of time must be accounted for. Attach additional sheets as necessary.

SECTION TWO	1) ADDRESS:		DATES RESIDED (FROM - TO, MM/DD/YYYY)	
	CITY:	STATE:	ZIP CODE:	COUNTY:
	2) ADDRESS:		DATES RESIDED (FROM - TO, MM/DD/YYYY)	
	CITY:	STATE:	ZIP CODE:	COUNTY:
	3) ADDRESS:		DATES RESIDED (FROM - TO, MM/DD/YYYY)	
	CITY:	STATE:	ZIP CODE:	COUNTY:

III. EMPLOYMENT HISTORY

List all employment for the last ten (10) years. Start with your present or most recent job. Include military service if within the period requested. Account for all time periods during unemployment. Attach additional pages as necessary.

SECTION THREE	1) NAME OF COMPANY:		DATES EMPLOYED (FROM - TO, MM/DD/YYYY)	
	ADDRESS			
	CITY:	STATE:	ZIP CODE:	
	COMPANY PHONE NUMBER: ()		SUPERVISOR'S NAME:	
	REASON(S) FOR LEAVING:			
	2) NAME OF COMPANY:		DATES EMPLOYED (FROM - TO, MM/DD/YYYY)	
	ADDRESS			
	CITY:	STATE:	ZIP CODE:	
	COMPANY PHONE NUMBER: ()		SUPERVISOR'S NAME:	
	REASON(S) FOR LEAVING:			

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III. EMPLOYMENT HISTORY (cont.)

3) NAME OF COMPANY:		DATES EMPLOYED (FROM - TO, MM/DD/YYYY)	
ADDRESS	CITY:	STATE:	ZIP CODE:
	COMPANY PHONE NUMBER: ()		SUPERVISOR'S NAME:
	REASON(S) FOR LEAVING:		

IV. EDUCATION

Please provide the following information about your education. If necessary, continue on separate page.

HIGH SCHOOL:		DATES ATTENDED:	
ADDRESS	CITY:	STATE:	ZIP CODE:
	TELEPHONE NUMBER: ()		GRADUATED? <input type="checkbox"/> YES <input type="checkbox"/> NO
	AREA(S) OF STUDY		DEGREE(S) RECEIVED:
UNIVERSITY/COLLEGE:		DATES ATTENDED:	
ADDRESS	CITY:	STATE:	ZIP CODE:
	TELEPHONE NUMBER: ()		GRADUATED? <input type="checkbox"/> YES <input type="checkbox"/> NO
	AREA(S) OF STUDY		DEGREE(S) RECEIVED:
ADDITIONAL SCHOOLS ATTENDED:		DATES ATTENDED:	
ADDRESS	CITY:	STATE:	ZIP CODE:
	TELEPHONE NUMBER: ()		GRADUATED? <input type="checkbox"/> YES <input type="checkbox"/> NO
	AREA(S) OF STUDY		DEGREE(S) RECEIVED:

V. PERSONAL REFERENCES

Please provide contact information for three (3) personal references. Do not list relatives. For 'ALTERNATE', specify type.

SECTION FIVE	1)	NAME:	HOME PHONE: ()	WORK PHONE: ()	ALTERNATE PHONE : ()
	2)	NAME:	HOME PHONE: ()	WORK PHONE: ()	ALTERNATE PHONE : ()
	3)	NAME:®	HOME PHONE: ()	WORK PHONE: ()	ALTERNATE PHONE : ()