

## 10-Year Employment History Background Verification Checklist

EMPLOYEE NAME:	ALIAS / NICKNAME:	SOCIAL SECURITY NUMBER:
ORGANIZATION AND DIVISION NAME / CODE:	BADGE REQUEST DATE:	

1.	IS A COMPLETED COMPANY APPLICATION IN THE FILE WITH 10 YEARS OF EMPLOYMENT, EDUCATION, AND/OR UNEMPLOYMENT HISTORY? (CIRCLE ONE)	YES		NO
2.	HAVE THE LAST 10 YEARS OF EMPLOYMENT, EDUCATION AND UNEMPLOYMENT BEEN LISTED ON THE "EMPLOYEE BACKGROUND VERIFICATION LOG"? HAVE THE ENTIRE 10 YEARS OF ACTIVITY BEEN VERIFIED BY TELEPHONE, FAX, LETTER, COPY OF ORIGINAL OFFICIAL RECORD, ETC.? (CIRCLE ONE)	YES		NO

ADDITIONAL COMMENTS \_\_\_\_\_

**\*\* ATTACH ONE COPY OF THIS FORM TO THE COMPLETED EMPLOYEE BACKGROUND VERIFICATION LOG WITH ALL SUPPORTING DOCUMENTS.**

**\*\* PLACE ONE COPY OF THIS FORM IN THE EMPLOYEE'S SECURITY FILE MAINTAINED IN YOUR OFFICE.**

BY MY SIGNATURE BELOW, I CERTIFY UNDER PENALTY OF LEGAL ENFORCEMENT ACTION (49 CFR PART 1540.103) THAT THIS FILE HAS TEN YEARS OF EMPLOYMENT, EDUCATION OR UNEMPLOYMENT HISTORY. THE ORGANIZATION'S STAFF OR REPRESENTATIVE HAS VERIFIED THE FULL TEN (10) YEARS OF INFORMATION AS REQUIRED BY THE TRANSPORTATION SECURITY ADMINISTRATION AND THE LOS ANGELES WORLD AIRPORTS.

PRINT NAME \_\_\_\_\_ TITLE \_\_\_\_\_

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

**\*\* THE PERSON SIGNING THIS SECTION SHOULD BE RESPONSIBLE FOR A MANAGEMENT FUNCTION SUCH AS AN AUTHORIZED SIGNER STATION MANAGER, HUMAN RESOURCES, OPERATIONS MANAGER, VICE PRESIDENT, PRESIDENT, OWNER, ETC.**

THIS SECTION TO BE COMPLETED BY LAWA SECURITY BADGE AUDITORS ONLY					
NAME OF BADGE AUDITOR	TITLE	AGENCY	DATE	PHONE	PASS/FAIL
COMMENTS					
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