

**10-Year Employment History Background Log
LOS ANGELES WORLD AIRPORTS SECURITY CREDENTIAL SECTION
EMPLOYMENT HISTORY BACKGROUND VERIFICATION LOG**

NEW HIRE EMPLOYEE (CURRENT)

APPLICANT NAME:	SOCIAL SECURITY #: <small>(XXX - XX - XXXX)</small>	DOB: <small>(MM / DD / YYYY)</small>	AUTHORIZED SIGNER:	EMAIL:	Page _____
ALIAS / NICKNAME:			ORGANIZATION NAME	ORGANIZATION CODE:	of _____

(APPLICANT ONLY)		(COMPANY ONLY)				SECURITY CREDENTIAL SECTION
Dates of employment, education, or unemployment (list most recent first)	Name & address of each employer / school or if unemployed for 12 months or more note the circumstances	Full name, title, & telephone number of person contacted to verify employment, school or unemployment	Full name, title, and telephone number of person conducting background verification (if not the same as the authorized signer)	Date and time information was verified – indicate YES or NO	Method of verification (telephone, fax, letter, etc) NOTE: Supporting documents must be attached	Re-verification Comments (Badge Office use only)
FROM: (MM / YYYY) TO: PRESENT		NAME: TITLE: PHONE: EMAIL:	NAME: TITLE: PHONE: EMAIL:	YES / NO DATE: TIME:	<input type="checkbox"/> Email <input type="checkbox"/> Fax <input type="checkbox"/> Phone <input type="checkbox"/> Other <input type="checkbox"/> Official Letter <input type="checkbox"/> Official Document	
FROM: (MM / YYYY) TO:		NAME: TITLE: PHONE: EMAIL:	NAME: TITLE: PHONE: EMAIL:	YES / NO DATE: TIME:	<input type="checkbox"/> Email <input type="checkbox"/> Fax <input type="checkbox"/> Phone <input type="checkbox"/> Other <input type="checkbox"/> Official Letter <input type="checkbox"/> Official Document	
FROM: (MM / YYYY) TO:		NAME: TITLE: PHONE: EMAIL:	NAME: TITLE: PHONE: EMAIL:	YES / NO DATE: TIME:	<input type="checkbox"/> Email <input type="checkbox"/> Fax <input type="checkbox"/> Phone <input type="checkbox"/> Other <input type="checkbox"/> Official Letter <input type="checkbox"/> Official Document	
FROM: (MM / YYYY) TO:		NAME: TITLE: PHONE: EMAIL:	NAME: TITLE: PHONE: EMAIL:	YES / NO DATE: TIME:	<input type="checkbox"/> Email <input type="checkbox"/> Fax <input type="checkbox"/> Phone <input type="checkbox"/> Other <input type="checkbox"/> Official Letter <input type="checkbox"/> Official Document	

*IF ADDITIONAL SPACE IS NEEDED, PLEASE MAKE COPIES OF THIS FORM. ATTACH THE EMPLOYEE BACKGROUND INVESTIGATION LOG(S), ALL INVESTIGATION AND VERIFICATION DOCUMENTATION, AND SIDA TRAINING INFORMATION TO THE EMPLOYMENT APPLICATION FOR COMPANY'S FILE.

Authorized Signer Name	Authorized Signer Code	Contact by: Phone / Fax / Email	Date / Time Completed
SCS Employee Re-verifying Information	Date Re-Verification Completed	Supervisor Approving	Date / Time Approved