

Accurate Background International Criminal, Education, and Employment Verification
Questionnaire

SUBMIT PHOTOCOPIES OF INTERNATIONAL PASSPORTS OR GOVERNMENT ISSUED IDS

If you are unable to provide any of the information requested, enter "N/A" in the appropriate field.

Step 1: General Information

Current full and complete legal name:

A. Tatjana Michailovna Songsmen
*(First) *(Middle) *(Last)

Full and complete legal name while living internationally (if different than current):

B. _____
*(First) *(Middle) *(Last)

C. *Gender: ☐ Male ☒ Female

*Are you currently a Refugee? Yes ☐ No ☒

D. *Date of Birth (MM/DD/YYYY): 10/7/1974 *Place of Birth: Minsk, Belarus

E. *Current or Valid Passport/National ID #: NN6FP3K67

F. *Type of ID: (Circle One) Passport National ID *Issuing Country: the Netherlands

G. *Mother's full and complete name:

Alena Busef
(First) (Middle) (Last)

H. *Mother's full and complete maiden (unmarried) name:

Alena Barichuk
(First) (Middle) (Last)

I. *Father's full and complete name:

Mikhail Busef
(First) (Middle) (Last)

Only complete the below section if applicable:

Mexico only:

Brazil only:

J. RFC # OR CURP #: _____ CPF #: _____ Location CPF number issued: _____

Colombia/Costa Rica/Dominican Republic/Ecuador/El Salvador only:

K. Cedula #: _____

Step 2: *International residential addresses for the last seven (7) years (begin with current/most recent address):

Address 1:

5, Westerkwartier			Emmeloord
(House Number and Street Name)	(Apt./Unit#)		(City)
	8302 JP	Netherlands	2007 - current
(State/Province)	(Zip/Postal Code)	(Country)	(Dates at residence)

Address 2:

(House Number and Street Name)	(Apt./Unit#)		(City)
(State/Province)	(Zip/Postal Code)	(Country)	(Dates at residence)

Address 3:

(House Number and Street Name)	(Apt./Unit#)		(City)
(State/Province)	(Zip/Postal Code)	(Country)	(Dates at residence)

Address 4:

(House Number and Street Name)	(Apt./Unit#)		(City)
(State/Province)	(Zip/Postal Code)	(Country)	(Dates at residence)

Address 5:

(House Number and Street Name)	(Apt./Unit#)		(City)
(State/Province)	(Zip/Postal Code)	(Country)	(Dates at residence)

Address 6:

(House Number and Street Name)	(Apt./Unit#)		(City)
(State/Province)	(Zip/Postal Code)	(Country)	(Dates at residence)

Address 7:

(House Number and Street Name)	(Apt./Unit#)		(City)
(State/Province)	(Zip/Postal Code)	(Country)	(Dates at residence)

Step 3: International Education Information

I have not attended school outside of the United States, and will be leaving this section blank: Yes: ☐ No: ☐
(If you have checked yes, please move forward to step 4)

Degree #1:

****SUBMIT PHOTOCOPY OF DIPLOMA AND MARKS SHEET WITH SCHOOL INFORMATION****

A. Is your current name the name that appears on school records? Yes: ☐ No: ☐

***If No, your name as it appears in school records:**

B. N/A
(First) (Middle) (Last)

C. ***Complete name of school/university attended internationally:**

D. **Name of school campus (*if different from school name):**

E. ***Complete address of school:**

(Street Name and Number) (City) (State/Province) (Zip/Postal Code) (Country)

F. ***Phone:** _____ **Fax:** _____

G. **Website:** _____ **Email:** _____ **Student ID:** _____

H. ***Name of degree claimed as issued by school (Do not use U.S. equivalent):**

I. _____
***Degree Type: (Circle one/U.S. Equivalent)** High School / Associates / Bachelors / Masters / Doctorate / Other _____

J. ***Start date of attendance:** _____ ***End date of attendance:** _____ **GPA:** _____
*(mm/dd/yyyy) *(mm/dd/yyyy)

K. ***Graduation Date:** _____ ***Date Degree Issued:** _____ ***Major:** _____
(mm/dd/yyyy) (mm/dd/yyyy)

I have not attended a second school outside of the United States, and will be leaving this section blank: Yes: ☐ No: ☐

(If you have checked yes, please move forward to step 4)

Degree #2:

SUBMIT PHOTOCOPY OF DIPLOMA AND MARKS SHEET WITH SCHOOL INFORMATION

A. Is your current name the name that appears on school records? Yes: ☐ No: ☐

B. *If No, your name as it appears in school records:

N/A

(First)

(Middle)

(Last)

C. *Complete name of school/university attended internationally:

D. *Name of school campus if different from school name:

E. *Complete address of school:

(Street Name and Number)

(City)

(State/Province)

(Zip/Postal Code)

(Country)

F. *Phone: _____ Fax: _____

G. Website: _____ Email: _____ Student ID: _____

H. *Name of degree claimed as issued by school. Do not use U.S. equivalent:

I. *Degree Type: (Circle one/U.S. Equivalent) High School / Associates / Bachelors / Masters / Doctorate / Other _____

J. *Start date of attendance: _____ *End date of attendance: _____ GPA: _____
*(mm/dd/yyyy) *(mm/dd/yyyy)

K. *Graduation Date: _____ *Date Degree Issued: _____ *Major: _____
(mm/dd/yyyy) (mm/dd/yyyy)

If you have more than two degrees, please photocopy this blank form and add additional degrees as applicable

(Continued on Page 5)

Step 4: International Employment Information

I have not been employed outside of the United States, and will be leaving this section blank: Yes: ☐ No: ☐
(If you have checked yes, please move forward to step 5)

Employer #1:

****SUBMIT PHOTOCOPIES OF ANY SERVICE CERTIFICATES, EXPERIENCE LETTERS AND RELEASES****

A. Is your current name the name that appears in employer records? Yes: ☐ No: ☐

B. *If no, your name as it appears in employer records:

N/A
(First) (Middle) (Last)

C. *Employer's full company name:

D. *Complete address of employer:

(Street Name and Number) (City) (State/Province) (Zip/Postal Code) (Country)

E. *Main Phone#: _____ Fax: _____

F. Website: _____ Email: _____

G. *Start date of employment: _____ (mm/dd/yyyy) *End date of employment: _____ (mm/dd/yyyy)

H. Department employed: _____ Ending position title: _____

I. Employee Code/ID: _____

J. *Paid or Unpaid (Circle one) *If Paid, Salary: _____ Hour / Week / Every 2 Weeks / Month / Year (Circle One)

K. *Supervisor's Name: _____ Supervisor's title: _____

L. Supervisor's phone#: _____

M. *Is this your current employer or related to your current employer? Yes ☐ No ☐ *May we contact this employer? Yes ☐ No ☐

I have not had a second employer outside of the United States, and will be leaving this section blank: Yes: ☐ No: ☐
(If you have checked yes, please move forward to step 5)

Employer #2:

SUBMIT PHOTOCOPIES OF ANY SERVICE CERTIFICATES, EXPERIENCE LETTERS AND RELEASES

A. Is your current name the name that appears in employer records? Yes: ☐ No: ☐

B. *If no, your name as it appears in employer records:

N/A
(First) (Middle) (Last)

C. *Employer's full company name:

D. *Complete address of employer:

(Street Name and Number) (City) (State/Province) (Zip/Postal Code) (Country)

E. *Main Phone#: _____ Fax: _____

F. Website: _____ Email: _____

G. *Start date of employment: _____ (mm/dd/yyyy) *End date of employment: _____ (mm/dd/yyyy)

H. Department employed: _____ Ending position title: _____

I. Employee Code/ID: _____

J. *Paid or Unpaid (Circle One) *If Paid, Salary: _____ Hour / Week / Every 2 Weeks / Month / Year (Circle One)

K. *Supervisor's Name: _____ Supervisor's title: _____

L. Supervisor's phone#: _____

M. *Is this your current employer or related to your current employer? Yes ☐ No ☐ *May we contact this employer? Yes ☐ No ☐

If you have more than two employers, please photocopy this blank form and add additional employers as applicable.

AUTHORIZATION TO RELEASE INFORMATION FOR BACKGROUND SCREENING

The organization requesting a background screening, (the "Company") has engaged a third-party service provider, Accurate Background ("Accurate"), to process the background screening on their behalf. Accurate may utilize data processors to assist with the processing of the screening.

CONFIRMATION AND AUTHORIZATION

I hereby authorize for Accurate or its data processors, to receive information related to my background screening. I further authorize the source of this information to release any and all background information related to the screening request to Accurate and/or its data processors. Furthermore, I authorize to the transfer of my personally identifiable information from the country in which it was collected to Accurate or its data processors, and the Company. I agree that a facsimile ("fax"), electronic or photographic copy of this authorization shall be as valid as the original.

Name: (Print): Tatiana Longma

Signature: Dy

Date (DD/MM/YYYY): 19/2/2021

