Background Check Information

Last Name_____ First_____ Middle_____

Other Names/Aliases _____

_____

Social Security* #_____-_____-_____ Date of Birth*____/_____/_____

Driver's License # / Issuing State _____

(**Required: Please attach a photocopy of your current DL or ID to this form for verification)

Present Address _____

City State Zip Code

Phone Number (_____)_____ Email _____

* Must not be left blank

THIS SECTION IS TO BE USED TO LIST ALL COUNTIES AND STATES OF RESIDENCE FOR THE PAST 7 YEARS. YOU MUST BE SPECIFIC ABOUT DATES OFRESIDENCE.

	City/Town	County	State	Dates from	Dates to
1.					
2.					
3.					
4.					
5.					
6.					
7.					

Signature:_____Date: _____

Staff Only Section

BG check payment received _____ Date received _____ BG check processed date_____

Results _____Staff Signature _____ Completed Date_____