



Background Check

Full Legal Name _____

First

Middle

Last

Former Name(s) & Dates used (i.e.: Maiden name/Alias):

- Name _____
- Name _____

Used from: _____ to: _____

Used from: _____ to: _____

Residences

Current Address: _____

Number

Street

Apt

City

State

Zip

Previous Addresses in the last Seven years:

- 1) _____ From: _____ to: _____
 Street City State Zip
- 2) _____ From: _____ to: _____
 Street City State Zip
- 3) _____ From: _____ to: _____
 Street City State Zip
- 4) _____ From: _____ to: _____
 Street City State Zip

Social Security Number* _____ - _____ - _____ Date of Birth (MM/DD/YYYY) ____/____/____

Driver's License Number: _____ State of Driver's License: _____

Phone Number: (____) _____.

Email Address: _____

**This information will be used for background purposed only. All information contained on the form will be kept confidential*

Certification and Signature

I certify that the information contained in this form is true and correct to the best of my knowledge. I understand that any offer of employment is contingent upon successfully passing a background check. Depending on the position, I may be required to be finger printed.

I understand if I am hired for employment that false or misleading information contained in this form may result in termination of employment.

Name (Printed)

Signature

Date