



Background Screening Information Form

Personal Information

First Name:	Middle Name:	Last Name:
Maiden Name/Other Names Used:		Date Last Used:
Email Address:		
Social Security Number:	Date of Birth: / /	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female
Drivers License Number:	State:	

All addresses for the last SEVEN years: (List addresses beginning with the most recent)

1.	Street	City	County	State	Zip	Years: From – To
2.	Street	City	County	State	Zip	Years: From – To
3.	Street	City	County	State	Zip	Years: From – To
4.	Street	City	County	State	Zip	Years: From – To
5.	Street	City	County	State	Zip	Years: From – To
6.	Street	City	County	State	Zip	Years: From – To
7.	Street	City	County	State	Zip	Years: From - To

5-Year Employment History: (List all employers beginning with most recent employer)

Employment Dates (Month/Year) From: _____ To: _____
Company Name: _____
Phone: _____
Address: _____ City: _____
State: _____ Zip: _____
Job Title(s): _____ Supervisor Name: _____
Reason for Leaving: _____
Consent to contact? Y N
Employment Dates (Month/Year) From: _____ To: _____
Company Name: _____
Phone: _____

Address: _____ City: _____
 State: _____ Zip: _____

Job Title(s): _____ Supervisor Name: _____

Reason for Leaving: _____ Consent to contact? Y N

Employment Dates (Month/Year) From: _____ To: _____

Company Name: _____
 Phone: _____

Address: _____ City: _____
 State: _____ Zip: _____

Job Title(s): _____ Supervisor Name: _____

Reason for Leaving: _____ Consent to contact? Y N

Employment Dates (Month/Year) From: _____ To: _____

Company Name: _____
 Phone: _____

Address: _____ City: _____
 State: _____ Zip: _____

Job Title(s): _____ Supervisor Name: _____

Reason for Leaving: _____ Consent to contact? Y N

Education History:

School Name and Location	From (mo/yr)	To (mo/yr)	GPA/Class Standing	Major	Type of Degree	Date Degree Obtained or to be Obtained
1.						
2.						