



BACKGROUND CHECK FORM

EMPLOYEE INFORMATION		
First Name:	Middle:	Last Name:
Other Names Used:		Years Used:
Social Security Number:		
Date of Birth:	Gender:	Daytime Phone Number:
Driver's License Number:		State of Issuance:
Email Address:		

CURRENT ADDRESS		
No #	Street:	
City:	State:	Zip Code:
Since (Dates): (MM/YY)		

EDUCATION (HIGHEST DEGREE EARNED)		
School:		
Dates Attended (MM/YY - MM/YY)		
City:	State:	
Degree Earned:		

PROFESSIONAL CERTIFICATIONS	
Type of License:	
License No #	
Certification:	