

Background Check/Consumer Report

Applicant Personal Questionnaire

(Please print legibly)

Company/Employer Name _____

Please Print Clearly

FIRST NAME	MIDDLE NAME	LAST NAME
SOCIAL SECURITY NUMBER	DATE OF BIRTH (mm/dd/yyyy)	PLEASE CHECK ONE
		<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE

Alias/Maiden/Previous Name(s)

FIRST NAME	MIDDLE NAME	LAST NAME	YEARS USED
FIRST NAME	MIDDLE NAME	LAST NAME	
FIRST NAME	MIDDLE NAME	LAST NAME	
FIRST NAME	MIDDLE NAME	LAST NAME	

List all addresses, including current address for the past 7 years

ADDRESS, CITY & STATE	ZIP CODE	COUNTY	DATE FROM	DATE TO

EDUCATION INFO (if applicable)

INSTITUTION NAME	HIGHEST DEGREE ACHIEVED	MAJOR	DATE OF DEGREE

EMPLOYMENT VERIFICATION (if applicable)

Current

Previous

BUSINESS NAME	CITY, STATE, ZIP	CONTACT NAME	PHONE	JOB TITLE	DATE OF SERVICE

Motor Vehicle Records Report (if applicable)

DRIVERS LICENSE NUMBER	STATE ISSUED	EXPIRATION DATE

APPLICANT SIGNATURE _____

Date _____

** Each applicant personal questionnaire must be accompanied by a completed and signed disclosure and authorization form which must be a separate and stand alone document