

LIVE SCAN BACKGROUND SCREENING INFORMATION SHEET

ALL Information MUST BE COMPLETED

First Name: _____

Full Middle Name: _____

Last Name: _____

Suffix (Jr., Sr., etc.): _____

Maiden Name: _____

Alias: _____

Home Street Address (No P.O. Boxes): _____

City: _____

State: _____

Zip Code: _____

Social Security Number _____

Dirver's License Number _____ Issuing State _____

Daytime Phone Number: (____) _____ Type: Cell Home Other: _____

Evening Phone Number: (____) _____ Type: Cell Home Other: _____

Email Address: _____

Preferred Contact Method: **Please circle one:** Cell Phone Home Phone Email

Preferred Contact Time: **Please circle one:** Morning Noon Evening

Date of Birth: _____

Gender: Male Female

Height: _____ Feet _____ Inches

Weight: _____ Pounds

Race: _____

Eye Color: _____ Hair Color: _____

Place of Birth (State ONLY): _____

Citizen Country: _____

Employer Name: _____

Employer Phone: (____) _____

Employer Physical Street Address: _____

Employer City: _____

Employer State: _____

Employer Zip Code: _____

I will be contacting you in the next few days with an appointment time to have your Background Screening completed...

Please circle one or more of the following days you will be available: Monday Tuesday Wednesday Thursday Friday

What time of day do you prefer to have your appointment Scheduled? (Appointments usually take approx. 15 min)

Please circle one of the following time frames you prefer: 8am-10am 10am-Noon Noon-2pm 2pm-4pm