

EMPLOYMENT SCREENING REQUEST FORM

Print Full Name _____ Maiden Name _____

Social Security # _____ *Date of Birth _____

Street Address _____ Years There _____

City/State/Zip _____

If less than 2 years: Previous Street Address _____

City/State/Zip _____

Drivers License # _____ State _____

Counties to Verify: A. _____ State _____ B. _____ State _____

C. _____ State _____ D. _____ State _____

*Date of birth is being requested in order to obtain accurate retrieval of records.

CURRENT EMPLOYMENT

Current Employer _____ Position _____

Address _____ Tel # _____

Supervisor _____ Dates of Employment _____ To _____

Salary _____ Reason for Leaving _____

PREVIOUS EMPLOYMENT

Previous Employer _____ Position _____
Address _____ Tel # _____
Supervisor _____ Dates of Employment _____ To _____
Salary _____ Reason for Leaving _____

EDUCATION

High School _____ Tel # _____
City _____ State _____ Zip _____ Year Graduated _____
College _____ Tel # _____
City _____ State _____ Zip _____ Year Graduated _____
Dates of Attendance _____ Degree _____
Other Schools _____ Tel # _____
City _____ State _____ Zip _____ Year Graduated _____
Dates of Attendance _____ Degree/License _____