

Personal History Questionnaire

The items of information requested below are required to process your background investigation. They are intended solely for that purpose and will not be used in a discriminatory manner in business decisions.

Date of Birth: _____ / _____ / _____ (Month, Day Year)
Driver License #: _____
Social Security #: _____
Other Names Used & Date Changed _____

(Year Changed)

Email Address: _____
Contact Phone Number: _____
Professional License(s): _____ State(s): _____ Type(s): _____
Number(s): _____
May we contact your current employee? ___ Yes ___ No

Residence addresses for the past 7 years: (attach additional sheets, if necessary)

Street	City, State, Zip Code	County	from Mo /Yr to Mo/Yr
Street	City, State, Zip Code	County	from Mo/Yr to Mo/Yr
Street	City, State, Zip Code	County	from Mo/Yr to Mo/Yr
Street	City, State, Zip Code	County	from Mo/Yr to Mo/Yr
Street	City, State, Zip Code	County	from Mo/Yr to Mo/Yr
Street	City, State, Zip Code	County	from Mo/Yr to Mo/Yr
Street	City, State, Zip Code	County	from Mo/Yr to Mo/Yr

Criminal History Questionnaire

Have you ever been convicted of, plead guilty, no contest or nolo contendere, to a misdemeanor or felony? * ___ Yes ___ No

*Do not report any conviction that has been sealed, expunged, statutorily eradicated, annulled, impounded, erased, dismissed under the First Offender's law, pardoned by the Governor or in which state law allows you to lawfully deny as set forth below. You are also required to disclose violations, infractions petty misdemeanors or summary offenses.

*Washington applicants/residents: You may exclude convictions that occurred ten years ago.