

Applicant Screening Information Collection Form

(Background and reference checks, drug screenings, etc.)



Employer: Please have the applicant fill out the form below. Indicate what verifications are requested. The applicant should also be given disclosures to sign and retain.

Employer/Company Name: _____ Date of Request _____

Requester Name (company representative) _____

Requesting:

- | | | |
|--|--|---|
| <input type="checkbox"/> Background Check | <input type="checkbox"/> Education Verification | <input type="checkbox"/> Employment History |
| <input type="checkbox"/> Substance Testing | <input type="checkbox"/> Personal Reference(s) | <input type="checkbox"/> Certification/Licensure Verification |
| <input type="checkbox"/> Driving Record | <input type="checkbox"/> Professional Reference(s) | |

All Applicants: Please fill out only the sections as indicated above.

*This information will be used for background screening purposes only and will not be used as hiring criteria

Demographic Information:

First Name _____ Middle Name _____ Last Name _____

Maiden Name/Alias _____ SSN _____ DOB _____

Current Address

Address _____ City _____ State _____ Zip _____

List your last 3 previous addresses

Address _____ City _____ State _____ Zip _____

Address _____ City _____ State _____ Zip _____

Address _____ City _____ State _____ Zip _____

Driving Records (only fill in if requested)

Driver's License Number _____ State Issued _____

Education Verification (only fill in if requested)

School 1 _____ Major _____

City _____ State/Province _____ Zip/Postal _____ Country _____

Start date _____ End date _____ Did you graduate? _____ Degree awarded _____

School 2 _____ Major _____

City _____ State/Province _____ Zip/Postal _____ Country _____

Start date _____ End date _____ Did you graduate? _____ Degree awarded _____

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Certification and Licensure (only fill in if requested)

Name of Certification or License	Granting Institution/Association	Date Obtained
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Name of Certification or License	Granting Institution/Association	Date Obtained
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Personal/Professional References (only fill in if requested)

Full Name of Reference Personal Professional	Phone Number cell work home	Email Address	Company
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Full Name of Reference Personal Professional	Phone Number cell work home	Email Address	Company
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Full Name of Reference Personal Professional	Phone Number cell work home	Email Address	Company
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My signature below certifies that all the information listed above is correct to the best of my knowledge.

Applicant Signature _____ Date _____