

**CANDIDATE INFORMATION****PERSONAL INFORMATION**

FULL NAME (PLEASE PRINT LEGIBLY)

LAST	FIRST	MIDDLE
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OTHER NAMES KNOWN BY (MAIDEN, ALIAS, ETC.) \_\_\_\_\_

SS# \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_

DRIVERS LICENSE #: \_\_\_\_\_

CURRENT ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_ COUNTY \_\_\_\_\_

HOW LONG AT THIS ADDRESS?\*\* \_\_\_\_\_

(\*\*if less than 7 years, list all other addresses below)

**PREVIOUS ADDRESSES**

Please list all residences for the past seven years (if the exact address is not known, list the city and state)

STREET \_\_\_\_\_

CITY \_\_\_\_\_ COUNTY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

RESIDED AT ADDRESS FROM \_\_\_\_\_ TO \_\_\_\_\_

**LAST/CURRENT EMPLOYER/EDUCATION:**

EMPLOYER \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ COUNTY \_\_\_\_\_ PHONE ( ) \_\_\_\_\_

POSITION \_\_\_\_\_ SUPERVISOR \_\_\_\_\_

BEGINNING DATE \_\_\_\_\_ ENDING DATE \_\_\_\_\_

**EDUCATION**

CITY \_\_\_\_\_ STATE \_\_\_\_\_ COUNTY \_\_\_\_\_ PHONE ( ) \_\_\_\_\_

DEGREE \_\_\_\_\_ BEGINNING DATE \_\_\_\_\_ ENDING DATE \_\_\_\_\_

BEGINNING DATE \_\_\_\_\_ ENDING DATE \_\_\_\_\_



3 WEST OLD STATE CAPITOL PLAZA, SUITE 10, SPRINGFIELD, ILLINOIS 62701  
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WWW.IDENTI-CHECK.COM  
INFO@IDENTI-CHECK.COM

## AUTHORIZATION FOR RELEASE OF INFORMATION

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In connection with my application for employment with \_\_\_\_\_  
I, \_\_\_\_\_, authorize the procurement of a pre-employment screening report and understand that it may contain information about my background, character, general reputation, mode of living, criminal history, driving record, educational background, credit history, and job performance.

I understand that, upon written request within a reasonable period of time, I am entitled to additional information concerning the nature and scope of this pre-employment screening. I hereby release IDENTI-CHECK, Inc., its officers, agents, employees and servants from any liability arising from the preparation of this report or pre-employment screenings relating thereto.

This authorization for release of information includes, but is not limited to, matters of opinion relating to my character, ability, reputation and past performance. I authorize all persons, schools, companies, corporations, and law enforcement agencies to release such information without restriction or qualifications to IDENTI-CHECK, Inc. and any of its officers, agents, employees and servants. I voluntarily waive all recourse and release them from liability from complying with this authorization. I authorize that a photocopy of this release be considered as valid as the original.

Sign \_\_\_\_\_ Date \_\_\_\_\_