



## APPLICANT DATA FORM

### Personal Information:

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_

Maiden Name (If applicable): \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Gender: Male ☐ Female ☐ Other ☐ Prefer Not to Say ☐

### Contact Information:

Street Address: \_\_\_\_\_ Length of time at this address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

### Employment Information:

Please list the past 7 years, starting with the most recent. **Voyint will only verify the dates of employment and title / position.**

1. Company: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

City / State: \_\_\_\_\_ Your Title / Position: \_\_\_\_\_

Type: Full Time ☐ Temp ☐ Intern ☐ Wage: Paid ☐ Unpaid ☐

Location: In-person ☐ Remote ☐

Contact Name: \_\_\_\_\_ Contact Email / Phone: \_\_\_\_\_

☐ Do not contact (I am still employed by this employer)

2. Company: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

City / State: \_\_\_\_\_ Your Title / Position: \_\_\_\_\_

Type: Full Time ☐ Temp ☐ Intern ☐ Wage: Paid ☐ Unpaid ☐

Location: In-person ☐ Remote ☐

Contact Name: \_\_\_\_\_ Contact Email / Phone: \_\_\_\_\_

3. Company: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_  
City / State: \_\_\_\_\_ Your Title / Position: \_\_\_\_\_  
Type: Full Time ☐ Temp ☐ Intern ☐ Wage: Paid ☐ Unpaid ☐  
Location: In-person ☐ Remote ☐  
Contact Name: \_\_\_\_\_ Contact Email / Phone: \_\_\_\_\_

4. Company: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_  
City / State: \_\_\_\_\_ Your Title / Position: \_\_\_\_\_  
Type: Full Time ☐ Temp ☐ Intern ☐ Wage: Paid ☐ Unpaid ☐  
Location: In-person ☐ Remote ☐  
Contact Name: \_\_\_\_\_ Contact Email / Phone: \_\_\_\_\_

5. Company: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_  
City / State: \_\_\_\_\_ Your Title / Position: \_\_\_\_\_  
Type: Full Time ☐ Temp ☐ Intern ☐ Wage: Paid ☐ Unpaid ☐  
Location: In-person ☐ Remote ☐  
Contact Name: \_\_\_\_\_ Contact Email / Phone: \_\_\_\_\_

If you used a Staffing Agency, please complete the following:

Dates: \_\_\_\_\_ Company you employed with: \_\_\_\_\_  
Dates: \_\_\_\_\_ Company you employed with: \_\_\_\_\_  
Dates: \_\_\_\_\_ Company you employed with: \_\_\_\_\_

## Education Information:

### High School

School Name: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_  
Did you graduate? Yes ☐ No ☐ Graduation Year: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_  
Name appearing on educational record (if different): \_\_\_\_\_

### Undergraduate

School Name: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_  
Did you graduate? Yes ☐ No ☐ Graduation Year: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_  
Degree / Concentration: \_\_\_\_\_  
Name appearing on educational record (if different): \_\_\_\_\_  
Was this an online degree? Yes ☐ No ☐

Graduate (if applicable)

School Name: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Did you graduate? Yes ☐ No ☐ Graduation Year: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

Degree / Concentration: \_\_\_\_\_

Name appearing on educational record (if different): \_\_\_\_\_

Was this an online degree? Yes ☐ No ☐

**Certifications / Licenses: (If applicable to the position)**

Category: ☐ Medical ☐ Financial ☐ Legal ☐ Other - \_\_\_\_\_

Type: \_\_\_\_\_

Certification / License / Identifier #: \_\_\_\_\_ Admission Date: \_\_\_\_\_

State of License / Admission State (if applicable): \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Name appearing on educational record (if different): \_\_\_\_\_

Category: ☐ Medical ☐ Financial ☐ Legal ☐ Other - \_\_\_\_\_

Type: \_\_\_\_\_

Certification / License / Identifier #: \_\_\_\_\_ Admission Date: \_\_\_\_\_

State of License / Admission State (if applicable): \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Name appearing on educational record (if different): \_\_\_\_\_

**Additional Information:**

Any Disciplinary Actions to report? ☐ No ☐ Yes - \_\_\_\_\_

Please use this section for any additional information (ie. Additional Employment, Education, Certifications, etc.)



## CONSUMER DISCLOSURE AND AUTHORIZATION FORM

### Disclosure Regarding Background Investigation

\_\_\_\_\_(The "Company") may request, for lawful employment purposes, background information about you from a consumer reporting agency in connection with your employment or application for employment (including independent contractor assignments, as applicable). This background information may be obtained in the form of consumer reports (commonly known as "background reports").

Voyint LLC ("Voyint"), or another consumer reporting agency, will prepare or assemble the background reports for the Company. Voyint be contacted by mail at 20921 Hollyberry Court, Ashburn, Virginia 20147, by phone at (703) 424-2040, or by email at [info@voyint.com](mailto:info@voyint.com).

The background report may contain information concerning your character, general reputation, personal characteristics, mode of living and credit standing, when applicable. The types of information that may be obtained include, but are not limited to, social security number verifications; address history; criminal records and history; public court records; driving records; accident history; worker's compensation claims; bankruptcy filings; educational history verifications (e.g., dates of attendance, degrees obtained); employment history verifications (e.g., dates of employment, reasons for termination, etc.); professional licensing and certification checks; drug/alcohol history in violation of law and/or company policy; and other information bearing on your character, general reputation, personal characteristics, mode of living and credit standing, when applicable.

This information may be obtained from private and public record sources, including, as appropriate: government agencies and courthouses; educational institutions; former employers; and other information sources.

A summary of your rights under the Fair Credit Reporting Act, as well as certain state-specific notices, are also being provided to you.

### Authorization of Background Investigation

I have carefully read and understand this Disclosure and Authorization form and the attached summary of rights under the Fair Credit Reporting Act. By my signature below, I consent to preparation of background reports by a consumer reporting agency such as Voyint, and to the release of such background reports to the Company and its designated representatives and agents, for the purpose of assisting the Company in making a determination as to my eligibility for employment (including independent contractor assignments, as applicable), promotion, retention, or for other lawful employment purposes. I understand that if the Company hires me or contracts for my services, my consent will apply, and the Company may, as allowed by law, obtain additional background reports pertaining to me, without asking for my authorization again, throughout my employment or contract period from Voyint and/or other consumer reporting agencies.

I understand that information contained in my employment or contractor application, or otherwise disclosed by me before or during my employment or contract assignment, if any, may be used for the purpose of obtaining and evaluating background reports on me. I also understand that nothing herein shall be construed as an offer of employment or contract for services.

I hereby authorize all of the following, without limitation, to disclose information about me to the consumer reporting agency and its agents: law enforcement and all other federal, state and local agencies, learning institutions (including public and private schools, colleges and universities), testing agencies, information service bureaus, credit bureaus, record/data repositories, courts (federal, state, and local), motor vehicle records agencies, my past employers, the military, and all other individuals and sources with any information about or concerning me. The information that can be disclosed to the consumer reporting agency and its agents includes, but is not limited to, information concerning my employment, education, motor vehicle history, criminal history, military service, professional credentials, and licenses.

By my signature below, I also certify the information I provided on and in connection with this form is true, accurate, and complete. I agree that this form in original, faxed, photocopied or electronic (including electronically signed) form, will be valid for any background reports that may be requested by, or on behalf of, the Company.

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_