

Last Name _____ First _____ Middle _____ Suffix _____

Other Names/Maiden/Alias _____

Social Security* # _____ Date of Birth* _____ (mo/day/year)

Driver's License# _____ State _____

Phone# _____

Email _____

Present Address _____

City _____ State _____ Zip _____

County _____

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

[Note: If you do business in Utah, you cannot ask for DOB, driver's license, or SSN until either a confidential offer of employment or at the time the background report will be run.]

Applicant Signature: _____ Date: _____

For Employer Use Only: Please mark (✓) the searches to be conducted.			
Contact: <u>Cindy Davidson</u>		Email: <u>cindy@hollandsumc.org</u>	
Phone: <u>919-772-5294</u>		Fax: <u>1-919-772-0754</u>	
<input type="checkbox"/> Package A ST-Criminal ST-Sexual Offender Index	<input type="checkbox"/> Package B ST-Criminal NW-Sexual Offender Index	<input type="checkbox"/> Package C NW-Sexual Offender Index NW Record Indicator with SOI Residency History ST-Criminal	<input type="checkbox"/>