

# Background Check Information Form

PLEASE PRINT AND WRITE LEGIBLY

Social Security Number or Individual Tax Identification Number if no SSN \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

FIRST NAME \_\_\_\_\_ MIDDLE NAME \_\_\_\_\_

LAST NAME \_\_\_\_\_ MAIDEN NAME \_\_\_\_\_

HEIGHT Feet \_\_\_\_\_ inches \_\_\_\_\_ WEIGHT \_\_\_\_\_ LBS

## CIRCLE ONE

GENDER: MALE FEMALE

RACE: ASIAN BLACK HISPANIC INDIAN UNKNOWN WHITE

EYE COLOR: BLACK BLUE BROWN GRAY GREEN HAZEL

HAIR COLOR: BALD BLACK BLONDE or STRAWBERRY BLUE BROWN GREEN  
GRAY ORANGE PURPLE PINK RED or AUBURN SANDY WHITE

BIRTH DATE: MONTH \_\_\_\_\_ DAY \_\_\_\_\_ YEAR \_\_\_\_\_

PLACE OF BIRTH: (**STATE** or **COUNTRY** if **not** born in USA) \_\_\_\_\_

CURRENT MAILING ADDRESS : \_\_\_\_\_

#STREET

APT# or UNIT

\_\_\_\_\_  
CITY STATE ZIP CODE COUNTY <sup>USA</sup>  
COUNTRY

OTHER STATES LIVED or WORKED PREVIOUSLY: \_\_\_\_\_

\*\* PHONE NUMBER: (\_\_\_\_\_) \_\_\_\_\_

\*\* EMAIL ADDRESS \_\_\_\_\_@\_\_\_\_\_.COM

\*\* must be a current and permanent information

SURVEY: HOW DID YOU HEAR ABOUT ENVANA HEALTHCARE TRAINING CENTER? \_\_\_\_\_

\_\_\_\_\_