INFOQUEST
BACKGROUND SCREENING

COMPLETE THE FOLLOWING INFORMATION

Important: Please do not include your Social Security number anywhere on this form

Name (Last):	**First:**	**Middle:**
Other Names You May Have Gone By (I.E. Maiden Name):		
Date of Birth (MM/DD/YYY):		
Driver's License Number:		**Issuing State:**
Current Home (Physical Street) Address:		
City/State/Zip:		**County of Residence:**
Email Address:		**Phone Number:**

Please List all residences for the past 10 years. Include the COUNTY for each address, as criminal records are searched by COUNTY

Street Address:	**Date From/To:**
City/State/Zip:	**COUNTY:**
Street Address:	**Date From/To:**
City/State/Zip:	**COUNTY:**
Street Address:	**Date From/To:**
City/State/Zip:	**COUNTY:**
Street Address:	**Date From/To:**
City/State/Zip:	**COUNTY:**
Street Address:	**Date From/To:**
City/State/Zip:	**COUNTY:**
For Additional Addresses, Continue Listing on Another Sheet	

Privacy Notice: The information requested on this form is used solely for the purpose of conducting an authorized background screening. To reduce the collection of sensitive information, this form does not request a Social Security number. The information provided will be used only to verify identity and conduct authorized background screening searches. InfoQuest uses reasonable administrative and technical safeguards to protect the personal information provided on this form.

I expressly authorize, without reservation , its representatives, employees or agents to contact and obtain information about me from all public agencies in accordance with the Fair Credit Reporting Act and any and all state and federal laws. I hereby waive all rights and claims I may have regarding the employer, its agents, employees or representatives, for seeking, gathering and using truthful and non-defamatory information, in a lawful manner, in the process and all other persons, corporations or organizations for furnishing such information about me. I also understand that this information may be accessed during my service and up to thirty (30) days after the termination of my relationship with .
I understand that does not unlawfully discriminate and that the requested information below is to be used for proper identification only and not for discriminatory purposes.

Signature:_____ **Date:**_____

I certify that the information I have provided is true and complete to the best of my knowledge.