APPLICANT INFORMATION FORM
FOR BACKGROUND REQUESTS – Good for 2 years

Person requesting background check: _____Date:_____

Applicant Name: _____
Last First Middle

Volunteer _____ Employee _____ Driver _____

Previous Legal Name: _____
(List only if name was changed in the last 7 years)

Social Security Number: _____ _____ _____

Date of Birth (month-day-year): _____

Male: _____ Female: _____

Current Street Address: _____Apt #_____

City: _____ State: _____ Zip: _____

I have lived in Washington State for _____ years. If less than 7 years, please list previous addresses in the past 7 years.

Past Street Address: _____

City: _____ State: _____ Zip: _____

Past Street Address: _____

City: _____ State: _____ Zip: _____

Past Street Address: _____

City: _____ State: _____ Zip: _____

DMV BACKGROUND REQUEST

Driver's License Number: _____ State of Issuance: _____

Insurance Company: _____

Policy #: _____
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Please provide a copy of your current insurance card with this application.

_____ _____
Applicant's Signature Date