

GOOD FOR 2 YEARS

APPLICANT INFORMATION FORM
FOR BACKGROUND REQUESTS – Good for 2 years

Applicant Name: _____
Last First Middle

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

Date of Birth (mm/dd/yy): _____ 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: _____

To be eligible to volunteer in the preschool classrooms, all volunteers must first be cleared with a clean returned background check.

Applicant's Signature

Date

Applicant's Printed Name

(Office Staff: Please cut off and shred bottom portion after running background check)

Applicant's Social Security Number: _____ - _____ - _____