



*Nevada P.I. License #632*

## **BACKGROUND INFORMATION FORM**

Dear Applicant:

The attached questionnaire has been prepared to assist **SPENCER INVESTIGATIONS** to verify and evaluate background information concerning potential employees. Please answer the questions as completely as possible. Each question should be answered. If the question does not apply to you, please indicate the fact by using the notation "N/A" in the appropriate space.

If additional space is needed for any section or question in the questionnaire, or if you wish to furnish additional information, use separate sheets of paper and number the answers to correspond to the questions.

Your answers must be legible. The form may be completed using a typewriter or black ink. Each questionnaire must be signed and dated.

Because this form requests both optional (other skills, training, social security number, etc.) and mandatory (qualification and biographical, etc.) data, it is in your best interest to answer all questions. Omission of an item means you might not receive full consideration for a position in which this information is needed. A false answer to a question may be grounds for not employing you or for dismissing you after you begin work. All statements are subject to investigation.

In compliance with Public Law 93-579 7 [5 U.S.C. 552 (A)] you are hereby notified that the disclosure of your Social Security Number is voluntary. It will be used only to facilitate the location of employment, military, credit, criminal history, and educational records, including transcripts, concerning me in connection with this application.

**NOTICE:  
INCOMPLETE INFORMATION WILL RESULT IN DELAY  
IN PROCESSING THE QUESTIONNAIRE.**

**Spencer Investigations**  
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**EDUCATION**

1) COLLEGE / UNIVERSITY

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Years attended (from/to): \_\_\_\_\_

Graduated: \_\_\_ Yes \_\_\_ No Type of degree obtained, if any: \_\_\_\_\_

2) HIGH SCHOOL

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Years attended (from/to): \_\_\_\_\_

Graduated: \_\_\_ Yes \_\_\_ No Type of degree obtained, if any: \_\_\_\_\_

3) SPECIALIZED SCHOOL / OTHER:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Years attended (from/to): \_\_\_\_\_

Graduated: \_\_\_ Yes \_\_\_ No Type of degree obtained, if any: \_\_\_\_\_

**EMPLOYMENT HISTORY**

Note: LIST LAST/CURRENT POSITION FIRST. Include chronological history of all employment starting with current or most recent position. Account for ALL periods including casual employment and all periods of unemployment. Include the following information:

1) EMPLOYER'S NAME: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone Number (**required**): \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

Title(s) or Position(s): \_\_\_\_\_

Salary/Earnings: \_\_\_\_\_ per \_\_\_\_\_ (week/month/year)

Name of Supervisor: \_\_\_\_\_

Reason for Leaving (be specific, *if current may we contact*): \_\_\_\_\_

\_\_\_\_\_

2) EMPLOYER'S NAME: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone Number (**required**): \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

Title(s) or Position(s): \_\_\_\_\_

Salary/Earnings: \_\_\_\_\_ per \_\_\_\_\_ (week/month/year)

Name of Supervisor: \_\_\_\_\_

Reason for Leaving (be specific): \_\_\_\_\_

\_\_\_\_\_

3) EMPLOYER'S NAME: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone Number (**required**): \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

Title(s) or Position(s): \_\_\_\_\_

Salary/Earnings: \_\_\_\_\_ per \_\_\_\_\_ (week/month/year)

Name of Supervisor: \_\_\_\_\_

Reason for Leaving (be specific): \_\_\_\_\_

\_\_\_\_\_

4) EMPLOYER'S NAME: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone Number (**required**): \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

Title(s) or Position(s): \_\_\_\_\_

Salary/Earnings: \_\_\_\_\_ per \_\_\_\_\_ (week/month/year)

Name of Supervisor: \_\_\_\_\_

Reason for Leaving (be specific): \_\_\_\_\_

\_\_\_\_\_

5) EMPLOYER'S NAME: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone Number (**required**): \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

Title(s) or Position(s): \_\_\_\_\_

Salary/Earnings: \_\_\_\_\_ per \_\_\_\_\_ (week/month/year)

Name of Supervisor: \_\_\_\_\_

Reason for Leaving (be specific): \_\_\_\_\_

\_\_\_\_\_

6) EMPLOYER'S NAME: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone Number (**required**): \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

Title(s) or Position(s): \_\_\_\_\_

Salary/Earnings: \_\_\_\_\_ per \_\_\_\_\_ (week/month/year)

Name of Supervisor: \_\_\_\_\_

Reason for Leaving (be specific): \_\_\_\_\_

\_\_\_\_\_

7) EMPLOYER'S NAME: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone Number (**required**): \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

Title(s) or Position(s): \_\_\_\_\_

Salary/Earnings: \_\_\_\_\_ per \_\_\_\_\_ (week/month/year)

Name of Supervisor: \_\_\_\_\_

Reason for Leaving (be specific): \_\_\_\_\_

\_\_\_\_\_

Have you ever been dismissed/fired or asked to resign from any **employment or position** you have held? YES: \_\_\_\_\_ NO: \_\_\_\_\_

If the answer is "YES," please attach additional sheets as necessary explaining the circumstances/reasons for your dismissal/resignation.

### **MILITARY RECORD**

Have you ever served as an active member in the Armed Services of the United States?

YES: \_\_\_\_\_ NO: \_\_\_\_\_

Branch of Service: \_\_\_\_\_ From/To: \_\_\_\_\_

Date of Separation: \_\_\_\_\_ Discharge Type: \_\_\_\_\_

Branch of Service: \_\_\_\_\_ From/To: \_\_\_\_\_

Date of Separation: \_\_\_\_\_ Discharge Type: \_\_\_\_\_

### **CHARACTER REFERENCES**

Give three references (**not relatives, present employers or employees**) that are responsible adults who have known you well for **AT LEAST FIVE YEARS**. Please provide the following information:

1) Name: \_\_\_\_\_ Occupation: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Years Known \_\_\_\_\_

2) Name: \_\_\_\_\_ Occupation: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Years Known \_\_\_\_\_

3) Name: \_\_\_\_\_ Occupation: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Years Known \_\_\_\_\_

## COURT RECORD

Have you ever been convicted of a felony? If you answered "YES," please furnish details of the conviction on a separate piece of paper (Court & Case Number, City, County, and State). List all cases without exception.

YES  NO

Are you presently under indictment or awaiting trial for a felony charge? If you answered "YES," please explain the circumstances of the arrest, indictment, and/or conviction. List all cases without exception.

YES  NO

Have you ever had a civil or criminal record expunged or sealed by a court order? If yes, furnish details. List all cases without exception.

YES  NO

Have you ever been convicted of a sexual offense? If yes, furnish details. List all cases without exception.

YES  NO

Have you, as an individual, or as an owner, partner, director, or officer of any partnership, corporation, or other entity, **ever been a party to a lawsuit as either a plaintiff or defendant?** (Other than divorces and including small claims). If yes, furnish details on a separate piece of paper. List all cases without exception.

YES  NO

## SPECIAL QUALIFICATIONS AND SKILLS

Do you have a driver's license?  YES  NO

State: \_\_\_\_\_ License No: \_\_\_\_\_ Expiration: \_\_\_\_\_

Do you speak a foreign language?  YES  NO

Language(s): \_\_\_\_\_ Proficiency: \_\_\_\_\_

Business machines operated (typewriter, computer, software, etc.)?  YES  NO

Identify: \_\_\_\_\_

**RELATIVES**

Provide the following information concerning each family member requested: full name, address, occupation, and telephone number. If deceased or unknown, please indicate where appropriate.

Father: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Mother: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Siblings (brothers & sisters): \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Former Spouse: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

**PERSONAL DECLARATIONS**

Do you use or have you EVER used intoxicants (e.g. beer, wine)? \_\_\_\_\_ YES \_\_\_\_\_ NO

Do you use or have you EVER used marijuana, hashish, amphetamines, cocaine, heroin, or drugs of a similar nature?

\_\_\_\_\_ YES \_\_\_\_\_ NO

If YES, what and when last used: \_\_\_\_\_

\_\_\_\_\_

Are you willing to be drug tested (pre-employment and periodically thereafter)?

\_\_\_\_\_ YES \_\_\_\_\_ NO

Have you ever been bonded? If yes, furnish details.         YES                     NO

Have you ever had a bond cancelled or revoked? If yes, furnish details.  
 YES                     NO

**ATTENTION - THIS STATEMENT MUST BE SIGNED**

I hereby certify that all statements made by me on this application are true and complete to the best of my knowledge.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Print Name

Date: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

**AUTHORITY TO RELEASE INFORMATION**

**TO WHOM IT MAY CONCERN:**

I hereby authorize any authorized representative of **SPENCER INVESTIGATIONS** bearing this release, or copy thereof, within one year of its date, to obtain any information in your files pertaining to my employment, military, credit, criminal, or educational records including, but not limited to, transcripts (official or unofficial), academic achievement, attendance, personal history, disciplinary records, and credit records. I hereby direct you to release such information upon request to the bearer. This release is executed with full knowledge and understanding that the information is for the official use of **SPENCER INVESTIGATIONS**. I hereby release you, as the custodian of such records, and any such school, college, university, educational institution, consumer reporting agency, law enforcement agency, or retail business establishment including its officers, employees, or related personnel, both individually and collectively, from any and all liability for damages of whatever kind, which may at any time result to me, my heirs, family, or associates because of compliance with the authorization and request to release information, or any attempt to comply with it. I am furnishing my Social Security Account Number on a voluntary basis with the understanding that such is not required by Federal statute or regulation. I have been advised that **SPENCER INVESTIGATIONS** will utilize this number only to facilitate the location of employment, military, credit, criminal history, and educational records, including transcripts, concerning me in connection with this application. Should there be any question as to the validity of this release, you may contact me as indicated below.

**Full Name:** \_\_\_\_\_  
(Signature) (Date)  
\_\_\_\_\_  
(Typed or printed)

**Social Security Account Number:** \_\_\_\_\_

**Driver's License Number:** \_\_\_\_\_

**Current Address:** \_\_\_\_\_  
\_\_\_\_\_

**Home Phone:** \_\_\_\_\_

**Employment (name, address, and telephone):** \_\_\_\_\_  
\_\_\_\_\_