



BACKGROUND INFORMATION FORM

Dear Applicant:

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

If additional space is needed for any section or question of the questionnaire, or if you wish to furnish additional information, use separate sheets of paper and number the answers to correspond with the appropriate 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 or license for which the information is needed. A false answer to a question may be grounds for not issuing a license, 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 you in connection with this application.

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

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 educations records, including but not limited to, transcripts (official or unofficial), academic achievement, attendance, athletic, personal history, disciplinary records, medical records and credit records. I hereby direct you to release such information upon request, to the bearer of this form. This Release of Information 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 and date of birth, on a voluntary basis with the understanding that such information is not required by federal statute or regulation. I have been advised that *Spencer Investigations* will utilize that personal identifying information only to facilitate the location of employment, military, credit, criminal history and educational records, including transcripts, concerning me in connection with this request for records.

Name: _____
Signature _____ date _____

Typed or printed

Social Security Number: _____-____-_____

Date of Birth: _____/_____/_____
month day year

Address: _____
Street address city state zip code

Telephone: (_____) _____ {home}

Telephone: (_____) _____ {cellular}

Telephone: (_____) _____ {work}

Telephone: (_____) _____ {message}

Telephone: (_____) _____ {other}



PERSONAL HISTORY

Name: _____
Last First Middle (complete)

Have you ever used or been known by any other name(s), if yes, indicate dates name was used:

Social Security Number: _____ - _____ - _____

Are You 18 Years or Older? _____ Yes _____ No Date of Birth _____
Month / Day / Year

Can you provide proof of citizenship or legal right to work in the United States: _____

RESIDENCES

Current Address: _____

Street address Apt. # Home phone

City State Zip Work phone

List your residences for the past 10 YEARS. List the most recent first. Include addresses/location while in the military or in school as follows:

From/To Address City County State/Zip

1) _____

2) _____

3) _____

4) _____

5) _____

6) _____

7) _____

8) _____



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 crime involving physical violence, sexual misconduct, burglary, theft, drug use or distribution? If you answered "YES," please explain the circumstances.

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: _____

If additional space is needed, please provide that information on an additional piece of paper and attach

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)? To be completed by Grate Detections.

___ YES ___ NO

Have you EVER been ARRESTED or CONVICTED of a DUI in any state for Alcohol or Drugs?

___ YES ___ NO

If YES, what, where, and when: _____

Are you currently on ANY medications?

___ YES ___ NO

If YES, what are you taking: _____

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: _____

