

Background Screening Information Form

Basic Information

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|--|------------------------------------|-----|
| Legal First Name | Legal Middle Name | |
| | | |
| Legal Last Name | Maiden and/or Other Last Name Used | |
| | | |
| Email Address | | |
| | | |
| Date of Birth | Social Security Number | |
| | | |
| Current Physical Address (no P.O. Boxes) | | |
| | | |
| City | State | Zip |
| | | |

The following are my responses to questions about my criminal record history (if any) with descriptions to any question with a YES answer:

1. Have you ever been convicted or plead guilty before a court of any federal, state, or municipal criminal offense? (Excluding minor traffic violations) YES NO If YES, please provide an explanation below:

2. Have you ever received deferred adjudication or similar disposition for any federal, state or municipal criminal offense? YES NO If YES, Please provide an explanation below:

3. Have you ever received probation or community supervision for any federal, state or municipal criminal offense? YES NO If YES, Please provide an explanation below:

4. Have you ever been arrested for molesting or abusing a minor? YES NO If YES, please provide an explanation below:

5. Have you ever been convicted of any criminal offense in a country outside the jurisdiction of the United States? YES NO If YES, Please provide an explanation below:

6. As of the date of this authorization, do you have any pending criminal charges against you? YES NO If YES, Please provide an explanation below:

7. As of the date of this authorization, have you ever been evicted? YES NO If YES, Please provide an explanation below:

Address History Please provide a complete address history since the age of 18.

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|---------|--------------------|
| Address | City / State / Zip |
| | |
| County | Dates |
| | |
| Address | City / State / Zip |
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| County | Dates |
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| Address | City / State / Zip |
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| County | Dates |
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| Address | City / State / Zip |
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| County | Dates |
| | |
| Address | City / State / Zip |
| | |
| County | Dates |
| | |

I hereby certify that all information provided in this authorization is true, correct and complete. I understand that if any information proves to be incorrect or incomplete, that is grounds for the canceling of any or all offers of occupancy that may exist and may be used at the discretion of _____.

Signed this _____ day of _____, 20_____

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|-------------------------|
| Applicant (Print Name): |
| |
| Applicant Signature: |
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