



# Background Check Information Gathering Form

Do not send this form electronically. Once information is entered in GIS securely dispose of the document.

Date \_\_\_\_\_

## INDIVIDUAL'S INFORMATION

### Primary Name

First \_\_\_\_\_ Middle (Optional) \_\_\_\_\_ Last \_\_\_\_\_

### Other Name (e.g. Alias, Maiden)

First \_\_\_\_\_ Middle (Optional) \_\_\_\_\_ Last \_\_\_\_\_

Date of Birth \_\_\_\_\_ Social Security Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
Month Day Year

Foreign national who does not have an SSN

Phone number \_\_\_\_\_ Email \_\_\_\_\_

### Current Local Address: Since \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

### Previous Address(es): Please provide 7 years of address history

From \_\_\_\_\_ To \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

From \_\_\_\_\_ To \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

From \_\_\_\_\_ To \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

From \_\_\_\_\_ To \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**FOR DEPARTMENT OR HR USE ONLY**

Department Code \_\_\_\_\_ Account Number \_\_\_\_\_ Sub Account Number \_\_\_\_\_

Programs Involving Children (PIC)  Yes  No

Name of PIC Program \_\_\_\_\_

Type of Position (Check one)

- Academic
- Staff
- Student (non-employee)
- Student Temporary
- Temporary
- Volunteer

*Do not send this form electronically. Once information is entered in GIS securely dispose of the document.*