## Pre-Employment Screening Questionnaire

Please answer all questions. Failure to answer any questions or incomplete information on this form is grounds for immediate termination or disqualification from employment.

## PLEASE PRINT LEGIBLY

1)	Legal Name:							
,	First		Middle			Last		
2)	Date of Birth://		3) Social Security Nun		y Number:			
4)	Do you have a valid	Drivers Lice	nse? Yes 🗌	No Star	te Number_			
5)	Please list all address	ses of resider	nce/employ	ment for the	past seven years:			
Current Home Address: Street		Apt —	City	County	State	Zip		
Current Employer's Address: Street		Street	Apt —	City	County	State	Zip	
Past Employment/Home Address Street		Street	Apt —	City	County	State	Zip	
Past Employment/Home Address Street		Street	Apt —	City County		State	Zip	
Past Employment/Home Address Street			City	County	State	Zip		
If you	have additional residential (	or employment	addresses for t	he past seven y	ears, please attach an ac	lditional sheet		
6)	Please list the high	est educatio	on level atta	ined to date	<b>:</b> :			
Academic Institution		City	State	Dates Attended	Degree Attained			
7)	Have you used any o	other names	in the past s	even years?	Yes No No			
Name Used		 Dates Used		City	State			
Name Used			Dates Used		City	State		
McI	above information is tr Dowell Agency, Inc. and red, this authorization is	l their Agen	ts permissio	n to perform	an investigation in			
	Signe			Dated				