**APPLICATION FOR BACKGROUND CHECK**

All fields highlighted in color are required to be completed prior to submitting

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| \_\_New \_\_ Renewal \_\_ Other | | Provider ID number: SAF02189500001 | | |
| Name of Agency/Facility  **SAFE** | | Point of Contact | **Phone: 907-842-2320** | **Fax: 907-842-2198** |
| **P.O. Box 94** | **Dillingham** | **Alaska** | **99576** | businessmanager@safebristolbay.org |
|  | |  | | |
| State Program | | State Division | | |

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | | |  | | | | |  |  | |  | | |
| **Legal last name** | | | **Legal first name** | | | | | **Init.** | Suffix | | **SSN** | | |
|  | | |  | | | | * Male * Female | |  | | | | |
| Drivers License No & State | | | **Date of Birth** | | | | **Aliases, Maiden Name, Previous Married Name(s)** | | | | |
|  | | |  | | | |  | | | | | | |
| Home Phone number | | | Alternate Phone Number | | | | **Current Physical Address** | | | | | | |
|  | | | | | |  | |  | |  | | | |
| **City** | | | | | | **State** | | **Zip Code** | | Month/Year Alaska Residency Began | | | |
|  | | | | |  | |  | | | | |  |  |
| **Mailing Address** | | | | | **Apt/Unit** | | **City** | | | | | **State** | **Zip** |
|  |  |  |  | |  | | | |  | | | | |
| **Height** | **Weight** | **Hair** | **Eyes** | | **Race/Ethnicity** | | | | **Email Address** | | | | |
|  | | | |  | | | | |  | | | | |
| **Position Title** | | | | **Position Status** | | | | | **Place of Birth** | | | | |

Please list your previous residence for the last ten (10) years. City, State and Country Attach additional page(s) if necessary.

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| From (MM/YY) | To (MM/YY) | City | State | Country | From(MM/YY) | To (MM/YY) | City | State | Country |
|  |  |  |  |  |  |  |  |  |  |
| From (MM/YY) | To (MM/YY) | City | State | Country | From(MM/YY) | To (MM/YY) | City | State | Country |
|  |  |  |  |  |  |  |  |  |  |
| From (MM/YY) | To (MM/YY) | City | State | Country | From(MM/YY) | To (MM/YY) | City | State | Country |
|  |  |  |  |  |  |  |  |  |  |
| From (MM/YY) | To (MM/YY) | City | State | Country | From(MM/YY) | To (MM/YY) | City | State | Country |
|  |  |  |  |  |  |  |  |  |  |
| From (MM/YY) | To (MM/YY) | City | State | Country | From(MM/YY) | To (MM/YY) | City | State | Country |