

# Background Check Information

Social Security Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

FIRST NAME \_\_\_\_\_ MIDDLE NAME \_\_\_\_\_

LAST NAME \_\_\_\_\_ MAIDEN NAME \_\_\_\_\_

HEIGHT Feet \_\_\_\_\_ inches \_\_\_\_\_ WEIGHT \_\_\_\_\_ LBS

## CIRCLE ONE

GENDER: MALE FEMALE

RACE: ASIAN BLACK HISPANIC INDIAN UNKNOWN WHITE

EYE COLOR: BLACK BLUE BROWN GRAY GREEN HAZEL

HAIR COLOR: BALD BLACK BLONDE or STRAWBERRY BLUE BROWN GREEN  
GRAY ORANGE PURPLE PINK RED or AUBURN SANDY WHITE

BIRTH DATE: MONTH \_\_\_\_\_ DAY \_\_\_\_\_ YEAR \_\_\_\_\_

PLACE OF BIRTH: (STATE / COUNTRY) \_\_\_\_\_

CURRENT MAILING ADDRESS : \_\_\_\_\_

#STREET

APT# or UNIT

CITY

STATE

COUNTY

ZIP CODE

COUNTRY

OTHER STATES LIVED or WORKED PREVIOUSLY: \_\_\_\_\_

PHONE NUMBER: (\_\_\_\_\_) \_\_\_\_\_

EMAIL ADDRESS \_\_\_\_\_@\_\_\_\_\_.COM

SURVEY: HOW DID YOU HEAR ABOUT ENVANA HEALTHCARE TRAINING CENTER? \_\_\_\_\_

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