**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 |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  |  |  |  |  |
| **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.

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 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 |