



BACKGROUND CHECK APPLICATION

All statements are subject to investigation. **PLEASE PRINT CLEARLY AND LEGIBLY.**
Failure to provide accurate information may result in the need for you to resubmit for your background check at your expense.

Self-Registration Number

This is an eight digit number provided by your organization for the background check

PLEASE DISREGARD - FOR NCSI INTERNAL USE ONLY

PERSONAL INFORMATION

Name of Organization:

First Name:

Middle Name:

Last Name:

<input type="text"/>	<input type="text"/>	<input type="text"/>
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Are there other names you are/were known by? If yes, enter below:

First Name:

Middle Name:

Last Name:

From:

To:

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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First Name:

Middle Name:

Last Name:

From:

To:

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Social Security Number:

Gender:

Male

Female

Date of Birth:

Daytime Telephone Number:

Driver's License or State ID Number:

Issuing State:

<input type="text"/>	<input type="text"/>
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Email Address:

RESIDENTIAL INFORMATION

CURRENT ADDRESS

Street Address 1:

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Street Address 2 or Unit Number:

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City: State: Zip Code:

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County: How long did you live at this address:

	Years	Months
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MAILING ADDRESS

Same as above

Address 1:

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Address 2

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City: State: Zip Code:

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IF LESS THAN 5 YEARS AT CURRENT ADDRESS, INCLUDE PREVIOUS ADDRESS

PREVIOUS ADDRESS

Street Address 1:

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Street Address 2 or Unit Number:

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City: State: Zip Code:

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County: How long did you live at this address:

	Years	Months
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Please list additional counties of residence within the past 5 years:

State County From Year To Year

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State County From Year To Year

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State County From Year To Year

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State County From Year To Year

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State County From Year To Year

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State County From Year To Year

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CRIMINAL HISTORY

YES NO

		Have you ever been convicted of a felony?
		Have you ever been convicted of any lesser crime involving force or threat of force against a person?
		Have you ever been convicted of a lesser crime in which sexual relations is an element?
		Have you ever been convicted of a lesser crime involving controlled substances (not paraphernalia or alcohol)?
		Have you ever been convicted of a lesser crime involving cruelty to animals?
		Have you ever been convicted of a lesser crime involving endangering or harming a child or other person?
		Have you ever been convicted of any lesser crime involving aggravated robbery or aggravated burglary?
		Have you ever been convicted of any lesser crime in which unlawfully carrying a concealed weapon, having a weapon while under disability, or improperly discharging a firearm into a habitation or school is an element?

If YES on any of the above, provide details including where and when:

City	State	County	Date of Offense

Enter details below:

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