***Please make sure that all information is filled out completely. Any missing information may result in a delay in reporting.***

**Request for Information:**Company Name: Contact Person:   
Contact Phone: Contact Fax:   
E-Mail:   
**Applicant/Subject Information:** *Please print all requested information****Please provide your FULL LEGAL NAME (found on DL, ID, or SS card) plus any alias or maiden name if applicable.***Full Legal Name: *(First, Middle, Last, Suffix)* Home Phone:

Maiden Name/Alias:   
Current Address: City State Zip  
Previous Address: City State Zip   
Previous Address: City State Zip  
Sex: Male Female Race: Ethnicity: Hispanic Non-Hispanic  
Hair Color: Eye Color: Height:   
Date of Birth: Place of Birth: Citizenship:   
Social Security Number: Drivers License Number: State:   
County/City: County/City:

**County Background \_\_\_ State Background\_\_\_ Federal Background\_\_\_ MVR\_\_\_**

**Education\_\_\_ Employment\_\_\_ Credit\_\_\_ SS#\_\_\_**

*In connection with any application made by me, I understand that investigative background inquiries may be made on me concerning matters of consumer credit, criminal convictions, motor vehicle information, and/or other reports. These reports can include information as to my character, work habits, performance, education, and experience along with reasons for termination of employment from previous employers, if any. I understand that you may be requesting information from various Federal, State, and other agencies which maintain records concerning past activities relating to my credit, criminal, driving, civil, and other records and experience, including claims involving me, in the files of insurance companies, if any. The information contained above is held strictly confidential and is not given out to unauthorized individuals.*

*I authorize, without reservation, any party or agency to furnish the above mentioned information and release all parties involved from any liability and/or responsibility for doing so. I hereby consent to any potential employers obtaining such information from DDS and/or any of their agents. This authorization and consent shall be valid in an original, fax, or copy form.*

*Applicant’s Signature: Date:*