

Purpose of this Form

STRAC conducts background investigations to establish that applicants for becoming a Registrar of STRAC UID badges are suitable for the job. Information from this form is used primarily as the basis for this investigation. Giving us the information we ask for is voluntary. However, we may not be able to complete your investigation, or complete it in a timely manner, if you don't give us each item of information we request. This may affect your prospects for becoming a STRAC UID Registrar.

Disclosure of Information

The information you give us is for the purpose of determining your suitability for registering STRAC UID card holders; we will protect it from unauthorized disclosure.

Background Check Form STRAC UID Registrar Application

Each question should be **fully and accurately answered**. No action can be taken on this application until all questions have been answered. Use blank paper if you do not have enough room on this application blank. **PLEASE PRINT**, except for signature on the Background Check Form. All information given will be available only to persons who have a "need to know" or as required by law.

NAME: (Print) _____ TODAY'S DATE: _____
Last First Initial

PRESENT ADDRESS: _____
No. Street City State Zip Code

TEL. NO: Day _____ Evening: _____
Area code Number Area Code Number

Social Security # _____ Date of birth: _____

Email address: _____

Have you used any other name? Please list all names you have been employed under. If you need extra space please use the other side.

RECORD OF EMPLOYMENT

Beginning with your current employment, please list all jobs including part-time, temporary and voluntary positions you have held in the past 5 (five) years. For the purposes of this personal history statement, voluntary work should be included as employment. If you need additional space please attach another sheet with the same requested information.

A.

From (Month/Year) To (Month/Year) Employer's Name and Address

Name of Supervisor Telephone

Titles/Duties

Was this position (check one): Full-time Part-time Temporary Volunteer

B.

From (Month/Year) To (Month/Year) Employer's Name and Address

Name of Supervisor Telephone

Titles/Duties

Was this position (check one): Full-time Part-time Temporary Volunteer

C.

From (Month/Year) To (Month/Year) Employer's Name and Address

Name of Supervisor

Telephone

Titles/Duties

Was this position (check one): Full-time Part-time Temporary Volunteer

D.

From (Month/Year) To (Month/Year) Employer's Name and Address

Name of Supervisor

Telephone

Titles/Duties

Was this position (check one): Full-time Part-time Temporary Volunteer

E.

From (Month/Year) To (Month/Year) Employer's Name and Address

Name of Supervisor

Telephone

Titles/Duties

Was this position (check one): Full-time Part-time Temporary Volunteer

F.

From (Month/Year) To (Month/Year) Employer's Name and Address

Name of Supervisor

Telephone

Titles/Duties

Was this position (check one): Full-time Part-time Temporary Volunteer

11. Have you ever been fired or asked to resign from any place of employment? Yes No

If yes, please give details. _____

EDUCATION

- I possess a high school diploma.
- I passed the General Educational Development Test.
- I passed the High School Proficiency Examination.

Please indicate below high schools and colleges you have attended. During the background investigation, persons who have known you in a learning environment will be contacted. A Check of your school records may be made in conjunction with those contacts. You may be asked to provide transcripts, diplomas, certificates or other documentation. If additional space is needed, please use the back.

Name of School	Address	City	State	Dates attended	Degree earned

Have you ever been suspended or expelled from any high school, college, graduate school, business, or vocational school?

- Yes No

If yes, please explain when and where: _____

Have you ever been convicted of a criminal offense? Yes No

1. _____
 Approximate Date Police Agency

Circumstances, (Please explain.) _____

2. _____
 Approximate Date Police Agency

Circumstances, (Please explain.) _____

MILITARY

Have you ever served in the armed forces, National Guard or Military Reserve? Yes No

If yes, please supply the following information:

_____ to _____
 Branch of Service Service number Dates of Service Type of Discharge

Past commanding officers or military acquaintances are potential sources of relevant information pertaining to your background. Please list those individuals who know you well enough to provide accurate information about you. If you need more space, please use the last page of the form to add additional information.

Name Contact Address City State Zip Ph number Yrs Known

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Are you over 18 years of age? Yes No

Are you authorized to work in the United States? Yes No Are you a citizen of the United States? Yes No
Are you a resident alien? Yes No

Do you have a valid driver's license or government ID with picture? Yes No License Number: _____
State Issued: _____

RESIDENCE

List the places where you have lived, beginning with the most recent (#1) and working back 5 years. All periods must be accounted for in your list. Be sure to indicate the actual physical location of your residence: do not use a post office box as an address, etc. For any address in the last 3 years, list a person who knew you at that address, and who preferably still lives in that area.

#1 Month/Year ToMonth/Year Present	Street Address Apt. #	City (Country)	State	ZIP Code
Name of Person Who Knows You	Street Address Apt. #	City (Country)	State	ZIP Code
#2 Month/Year ToMonth/Year	Street Address Apt. #	City (Country)	State	ZIP Code
Name of Person Who Knew You	Street Address Apt. #	City (Country)	State	ZIP Code
#3 Month/Year ToMonth/Year	Street Address Apt. #	City (Country)	State	ZIP Code
Name of Person Who Knew You	Street Address Apt. #	City (Country)	State	ZIP Code
#4 Month/Year ToMonth/Year	Street Address Apt. #	City (Country)	State	ZIP Code
Name of Person Who Knew You	Street Address Apt. #	City (Country)	State	ZIP Code
#5 Month/Year ToMonth/Year	Street Address Apt. #	City (Country)	State	ZIP Code
Name of Person Who Knew You	Street Address Apt. #	City (Country)	State	ZIP Code

Acknowledgement of the Terms of the Background Check Form

This Background Check Form is used to notify me that the nature and scope of an investigation, could include such general identification information as residence verification, and, as applicable, information concerning my employment, education, financial, general reputation, personal characteristics, and that such information may be developed through interviews with third parties such as associates, former employers, educational institutions, financial sources, custodians of official records or other sources. I hereby authorize these persons, companies, organizations or corporations to answer all questions or release any information regarding the items listed in this paragraph. I hereby release them from any liability and hold them harmless from any claim for releasing any truthful information within their knowledge and/or records.

I understand that becoming a STRAC Registrar will be contingent upon the successful completion of a background investigation.

I certify that the answers given by me to the foregoing questions are true and correct without consequential omissions, and understand that omissions and/or false statements on this application or during any interviews may result loss of Registrar privileges’.

I authorize STRAC to obtain a consumer report. I understand that inquiry may include, but is not limited to: conviction records, motor vehicle records, credit checks, references, and copies of prior personnel files.

Signature of Applicant

Date

Applicant Print Name

This authorization is given pursuant to the Fair Credit Reporting Act, 15 U.S.C. 1681b(b){2}(B).