

BACKGROUND INVESTIGATION FORM

The following information is required to conduct a background investigation and will not be considered directly in determining your qualifications or suitability for employment.			
FULL LEGAL NAME (Last, First, Middle)		SOCIAL SECURITY NUMBER	
CURRENT STREET ADDRESS		DATE OF BIRTH	
LIST ALIASES, NICKNAMES, MAIDEN NAMES AND OTHER NAMES BY WHICH YOU ARE OR HAVE BEEN KNOWN:			
SEX: <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE		RACE OR ETHNIC ORIGIN:	
HEIGHT:	WEIGHT:	EYE COLOR:	HAIR COLOR:
PREVIOUS RESIDENCES FOR THE PAST TEN YEARS			
DATES:		ADDRESS:	
FAMILY AND OTHER HOUSEHOLD MEMBERS			
RELATIONSHIP AND NAME	CURRENT ADDRESS		TELEPHONE
FATHER			
MOTHER			
BROTHERS & SISTERS			

FAMILY AND OTHER HOUSEHOLD MEMBERS (Cont'd)		
RELATIONSHIP AND NAME	CURRENT ADDRESS	TELEPHONE
SPOUSE		
CHILDREN		
OTHER		
FORMER MARRIAGES		
SPOUSES NAME AND ADDRESS	PLACE OF DIVORCE	DIVORCE DATE
FRIENDS AND SOCIAL ACQUAINTANCES		
NAME	CURRENT ADDRESS	TELEPHONE

(ATTACH ADDITIONAL SHEETS IF NECESSARY)

BONNEVILLE COUNTY

605 N. CAPITAL AVE., IDAHO FALLS, ID 83402

AUTHORIZATION FOR RELEASE OF INFORMATION

I the undersigned, hereby authorize Bonneville County to investigate any and all information which may be necessary to determine my qualifications for employment including records subject to the Privacy Act of 1974 (Public Law 93-579).

I understand that this investigation may include employment, education, driving, military, medical, credit, police, civil and criminal records. I also understand that I have a right to make a written request within a reasonable time to receive information about the nature and scope of such investigation.

The release of any and all factual information is authorized whether of record or not and I do hereby release all persons, organizations, firms, agencies, companies or groups from any damages resulting from furnishing such information to Bonneville County. I also agree that a copy of this release shall function as an original.

NAME: _____ Soc. Sec. No. _____
(Print or Type)

Signature _____

Date _____