

# TOWN OF PORT BARRE BACKGROUND CHECK

## Applicant Info:

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_

SSN: \_\_\_\_ - \_\_\_\_ - \_\_\_\_ Date of Birth: \_\_\_\_\_

Phone Number: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Driver License No #: \_\_\_\_\_ Driver License State: \_\_\_\_\_

Sex: Male or Female Race: \_\_\_\_\_

## Current Address:

Street Address: \_\_\_\_\_

Zip Code: \_\_\_\_\_

City: \_\_\_\_\_

## Previous Address:

Street Address: \_\_\_\_\_

Zip Code: \_\_\_\_\_

City: \_\_\_\_\_

## Mailing Address:

Street Address: \_\_\_\_\_

Zip Code: \_\_\_\_\_

City: \_\_\_\_\_

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_