

Applicant / Employee Identification Form

The following is my true and complete legal name and all information indicated below is true and correct to the best of my knowledge, provided voluntarily and I am aware that this information **IS NOT** considered as part of the employment application.

(Please Print All Information On This Form – Please Use Black Ink)

Last Name			First Name			Middle Name									
Any Other Names Used or known by						Reason(s) for Using Names									
Social Security Number			Driver's License #			State Issued									
Any other names used or known by or social security numbers other than listed above (nicknames, American usage translations, etc.) <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please list other names: _____															
Reason(s) for using names: _____															
Social Security Numbers: _____						<input type="checkbox"/> Male			<input type="checkbox"/> Female						
For Identification Purposes Only: Month of Birth _____				Day of Birth _____		Year of Birth _____									
Place of Birth _____				City _____				State _____				Country _____			

Residential Street Address Information for the last 10 years. Please use reverse side of this form if necessary.

Current Street Address																					
Number & Street						Apartment or Space #		City		County		State		Zip Code		From _____ / _____		To _____ / _____			
														Month		Year		Month		Year	

Previous Street Address																					
Number & Street						Apartment or Space #		City		County		State		Zip Code		From _____ / _____		To _____ / _____			
														Month		Year		Month		Year	

Previous Street Address																					
Number & Street						Apartment or Space #		City		County		State		Zip Code		From _____ / _____		To _____ / _____			
														Month		Year		Month		Year	

Employment Credit Report: In the event the employer orders a credit report, by placing a check in the following box , I am hereby requesting that I be furnished with a copy of the Employment Credit Report. I understand a photocopy of the Credit Report will be provided to me, by U.S. first class mail via Calif - Coast Investigative Services (CCIS) at the same time it is provided to my prospective employer.

I hereby release all parties, their agents, persons, agencies and entities providing information or reports about me from and all liability arising out of the request for or release of any information or reports.

Print Your Name _____
First Middle Last

Your Signature _____ Date Signed _____

Report Provided By:
Calif - Coast Investigative Services
123 Capitol St. Suite C

Form Processing: Original to Employer File
Photocopy to Applicant / Employment

