



Background Check Form

CANDIDATE INFORMATION			
First Name	Middle Name	Last Name	
Birth Date (MM/DD/YYYY)	Social Security Number	Gender (check one) <input type="checkbox"/> Male <input type="checkbox"/> Female	
Phone Number (###-###-####)	Email Address		
Current Mailing Address	City	State (check one) <input type="checkbox"/> IN <input type="checkbox"/> KY	Zip Code
Ethnicity (check one) <input type="checkbox"/> White <input type="checkbox"/> Black/African American <input type="checkbox"/> Hispanic <input type="checkbox"/> Asian/Pacific Islander <input type="checkbox"/> Alaskan Native/American Indian <input type="checkbox"/> Race/Ethnicity Unknown			

By completing this form and signing below, I give permission for a representative of the Cornerstone Chrysalis Community to submit a background check on my behalf.

Signature

Date (MM/DD/YYYY)