

EMPLOYMENT SCREENING APPLICATION

(Please type or print clearly and fill in all information)

IRC, INC. (Information Resources) will perform an employment background check on you. Fill out this application completely and accurately. Missing or inaccurate information may appear as negative in the hiring process.

Last Name (Suffix)	First Name	Middle Name	Maiden Name
Date of Birth	Social Security Number	Driver License/State I.D. Number	State Issued
List all other names used			() Home Phone Number

List current address and all cities and states resided in for the past 10 years.

Current Address	City	State	Zip Code
City	State	From	To

Do you possess a Professional License? Yes No
 If yes, list license number, type, expiration date and state issued.

Professional License Number	Type of Professional License	Date Expires	State Issued
Professional License Number	Type of Professional License	Date Expires	State Issued

EDUCATION

Name of High School	City	State
Did you receive a diploma? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Name used while attending	Last Date Attended	Graduation Date
Did you receive GED? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If yes, please provide the testing center name, City, State _____		

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List all Colleges and/or Universities that you attended:

College or University	City, State	Dates Attended	Degree Rec'd
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Employment History Please list your employment starting with the most recent employer. List **ALL** full time and part time employment during the last 10 years. May we contact your present employer? Yes ___ No ___
Please fill out completely.

1. _____ ()
 Company Name Supervisor Phone Number

Job Title

City, State Dates: From: To:

_____ \$ _____ per

Reason Left Final Salary

2. _____ ()
 Company Name Supervisor Phone Number

Job Title

City, State Dates: From: To:

_____ \$ _____ per

Reason Left Final Salary

3. _____ ()
 Company Name Supervisor Phone Number

Job Title

City, State Dates: From: To:

_____ \$ _____ per

Reason Left Final Salary

4. _____ ()
 Company Name Supervisor Phone Number

Job Title

City, State Dates: From: To:

_____ \$ _____ per

Reason Left Final Salary

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5. _____ ()
Company Name Supervisor Phone Number

Job Title

City, State Dates: From: To:

Reason Left \$ per Final Salary

Business References

Reference Name and Phone Number Reference Name and Phone Number

Reference Name and Phone Number Reference Name and Phone Number

Have you ever been convicted of a crime other than traffic violations, or do you have an open pending case?
Yes ____ No ____ If yes, list all charges below along with the court, city and state.

I certify that all statements made by me in this application are true and accurate to the best of my knowledge, and that I listed complete information.

Signature

Date