

THIS PAGE NEEDS TO BE COMPLETELY FILLED OUT

REQUIRED PERSONAL INFORMATION

_____ First Name	_____ Full Middle Name	_____ Last Name
_____ Current Address	_____ City, State & Zip	_____ Tribal Affiliation
_____ Phone Number	_____ Social Security #	_____ Date of Birth
_____ Driver's License #	_____ State	_____ Email Address

REQUIRED OTHER NAMES USED, IF ANY

_____ Maiden Name	_____ Also Known As
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REQUIRED PREVIOUS RESIDENCE

_____ City, State & Zip	_____ City, State & Zip
_____ City, State & Zip	_____ City, State & Zip
_____ City, State & Zip	_____ City, State & Zip

REQUIRED THREE PROFESSIONAL REFERENCES

_____ Name	_____ Phone Number	_____ Email Address
_____ Name	_____ Phone Number	_____ Email Address
_____ Name	_____ Phone Number	_____ Email Address

TO BE COMPLETED FOR POSITIONS REQUIRING LICENSES/CERTIFICATES ONLY

PLEASE PROVIDE ALL APPLICABLE INFORMATION

Individual Taxpayer Identification Numbers (ITIN)

National Provider Identifiers (NPI)

Drug Enforcement Administration (DEA) Number

Unique Physician Identification Numbers (UPIN)

PROFESSIONAL SCHOOLS ATTENDED

School Name & Address

Year of Graduation

School Name & Address

Year of Graduation

School Name & Address

Year of Graduation

OCCUPATIONAL & STATE LICENSURE INFORMATION

License Number

State

Occupation/Field of Licensure

Specialty

License Number

State

Occupation/Field of Licensure

Specialty

License Number

State

Occupation/Field of Licensure

Specialty

License Number

State

Occupation/Field of Licensure

Specialty

OFFICIAL USE ONLY

Name:				Date Background Check Submitted:	/	/
Department:		Division:		Subdivision:		
Reason for Background Check:	<input type="checkbox"/> Employment <input type="checkbox"/> Internship <input type="checkbox"/> Volunteer <input type="checkbox"/> Committee <input type="checkbox"/> Other:					