



# Human Resources - Background Check for Regular and Volunteer Staff

\_\_\_\_\_  
 First Name                                      Last Name                                      Middle Initial                                      Social Security No.                                      Date of Birth

\_\_\_\_\_  
 Other Name(s)                                      Telephone No.                                      Email

**Please list all addresses for the past ten years. If more than three, please use the reverse side of this form.**

1) \_\_\_\_\_  
 Full Street Address, City, State                                      From - To

2) \_\_\_\_\_  
 Full Street Address, City, State                                      From - To

3) \_\_\_\_\_  
 Full Street Address, City, State                                      From - To

**Current/Previous Employment-Please list employment starting with the most current:**

1) \_\_\_\_\_  
 Employer                                      Full Street Address, City, State                                      Phone Number

\_\_\_\_\_  
 Your Title                                      Supervisor's Name & Phone Number                                      Dates Employed: From - To

2) \_\_\_\_\_  
 Employer                                      Full Street Address, City, State                                      Phone Number

\_\_\_\_\_  
 Your Title                                      Supervisor's Name & Phone Number                                      Dates Employed: From - To

3) \_\_\_\_\_  
 Employer                                      Full Street Address, City, State                                      Phone Number

\_\_\_\_\_  
 Your Title                                      Supervisor's Name & Phone Number                                      Dates Employed: From - To

**MAY WE CONTACT YOUR CURRENT EMPLOYER?**                                       YES                                       NO

**Complete only if applying for a position which requires a valid license:** \_\_\_\_\_  
 Driver's License Number                                      State Issued

**Please list the highest education completed:**

\_\_\_\_\_  
 Name of School or University                                      Address

\_\_\_\_\_  
 Degree or Diploma                                      Date Awarded                                      Name Under Which Attended

**Professional License or Certificate:**

\_\_\_\_\_  
 License/Certificate Number                                      State Issued                                      Type of License/Certificate                                      Expiration Date

\_\_\_\_\_  
 License/Certificate Number                                      State Issued                                      Type of License/Certificate                                      Expiration Date

**APPLICANT SIGNATURE:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**HUMAN RESOURCES USE ONLY** - *Select report type and screening level by placing a check in the appropriate box.*

NEWARK					
<input type="checkbox"/> <b>3030 Regular Staff</b>	<input type="checkbox"/> <b>923 AdeccoRegular Staff</b>	<input type="checkbox"/> <b>Residents</b>			
<input type="checkbox"/> <b>3031 Volunteer Staff</b>	<input type="checkbox"/> <b>960 Other</b>	<input type="checkbox"/> <b>Intern</b>			
<input type="checkbox"/> <b>Level I</b>	<input type="checkbox"/> <b>Level II</b>	<input type="checkbox"/> <b>Level III</b>	<input type="checkbox"/> <b>Level IV</b>	<input type="checkbox"/> <b>Level VI</b>	<input type="checkbox"/> <b>Level XII</b>

**Human Resources Generalist:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Comments:**