[ Background Check - attachment ]

Thank you for your willingness to go through this Background Check, please provide a copy of your driver’s license AND the following required Information:

* Today’s Date (MM/DD/YYYY): / /
* Your Official Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Social Security Number: \_\_\_\_\_-\_\_\_\_-\_\_\_\_\_\_\_\_\_
* Effective Driver’s License (Original)

State: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ID Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Expiration Date(MM/DD/YYYY): / /

Please attach a photo copy of the front side.

* Please print any other name(s) you have used/been using in the US.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* Your Addresses in the United States during the past five years: (if different than the address on your current driver’s license)

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Street Address | City | State | ZIP | DURATION (MM/YYYY to MM/YYYY) |
| 1 |  |  |  |  |  |
| 2 |  |  |  |  |  |
| 3 |  |  |  |  |  |
| 4 |  |  |  |  |  |
| 5 |  |  |  |  |  |
| 6 |  |  |  |  |  |

[ End of Background required information ]