



Registry Provider Background Check

Name: _____
(Please Print) *Last, First, Middle Initial*

Other names you have used or been known by (maiden name): _____

Contact Information: *Please list phone numbers where you can be reached. Identify the type of number such as home, cell, message. (One phone number is required)*

Phone number _____ **Type:** _____ **Phone number** _____ **Type:** _____

Mailing Address: _____

City: _____ **State:** _____ **Zip:** _____

Best times to reach me: _____

Social Security Number: _____ **Date of Birth:** _____ **Male** **Female**

Drivers License/Photo Identification Number _____ **Exp Date:** _____

References: *List 2 work references and 1 personal reference. DO NOT USE FAMILY MEMBERS.*

Two Work References: List name of reference, Company Name, Telephone Number, position held and number of years worked.

1. **Name:** _____ **Company** _____ **Phone:** _____

Relationship to Reference _____ **Dates of Employment** _____

2. **Name:** _____ **Company** _____ **Phone:** _____

Relationship to Reference _____ **Dates of Employment** _____

3. **Name:** _____ **Company** _____ **Phone:** _____

Relationship to Reference _____ **How Long Known:** _____

Background:

List the dates of residence and counties you have lived within the last ten (10) years:

List all Counties in which you have lived within the last 10 years:

County	Start Date	End Date	Name Used

Have you been convicted of a **felony or misdemeanor** charge, or been on parole or probation? Failure to disclose this information will automatically disqualify you from acceptance to the Registry

Yes **No**

If “Yes,” list all convictions in the last 10 years below. A “Yes” answer to this question does not automatically disqualify you for the Registry. Each case is considered individually.

List the offense, date and place of conviction, sentence and date of release from custody and/or from probation/parole, and any other facts you want considered.

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

I certify under penalty of perjury that all information on this form is true and correct to the best of my knowledge. I understand that any omission or misrepresentation of information on this form may disqualify me from being listed on the Registry. I give the Public Authority permission to share relevant information in my file with individual consumers who are looking for providers, to contact any and all references, and to obtain any criminal background check information. I understand that any false information may eliminate me from eligibility for participation on the Public Authority Registry.

I understand and give permission with regard to the above paragraph.

Signature

Date