

Background Screening Request Form

Applicant Name: _____
First Middle (Full) Last Suffix (Sr. Jr. III etc.)

Previous Names (if any): _____
(i.e. maiden name, previous married name, etc.)

Address: _____
Street

City State Zip

Month and Day of Birth: _____

Social Security No: _____

Driver's License No: _____

Please elaborate on your criminal record (convictions) and list the state and year in which it occurred.

I _____ (print full name), state that all information above is completed accurately and truthfully. I hereby give Imperial Design Companies permission to perform a background check on my person and any of my aliases.

I understand that any information falsely represented or by omission is grounds for dismissal

Signed: _____ Date: _____