

## Instructions

As part of our application process, a background check is being required as outlined in the Background Check Disclosure and Authorization Form. To aid in the proper identification of your records, completion of this form is required. **The information on this form will be used solely for the purpose of conducting background checks to determine your eligibility to work with/at Amazon Hose & Rubber Company and will be maintained in a confidential file, separate from the general personnel file.** Please complete this form in its entirety.

## Applicant/Contractor Information and Signature

Print Your Full Name \_\_\_\_\_  
*First Name* *Full Middle Name* *Last Name*

Current Address \_\_\_\_\_  
\_\_\_\_\_

Soc. Sec. No. \_\_\_\_\_ Date of Birth \_\_\_\_\_

Gender (M or F) \_\_\_\_\_ Race \_\_\_\_\_

Drivers' License No. \_\_\_\_\_ State \_\_\_\_\_

Professional License Type(s), State(s) of Issue, Number(s), and Expiration Date(s): *(Include all for each license)*

Professional License #1 \_\_\_\_\_

Professional License #2 \_\_\_\_\_

**THE INFORMATION PROVIDED ON THIS FORM IS COMPLETE, TRUE, AND CORRECT.**

Applicant/Contractor's Signature \_\_\_\_\_ Date \_\_\_\_\_

## Applicant/Contractor Data for Background

1. What position/work are you applying for? \_\_\_\_\_

2. Have you lived in any state(s) or countries other than the one you currently reside in?  Yes  No

If yes, please list the state or country and the dates you resided in each:

**State/Country** \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_

Former Address \_\_\_\_\_

**State/Country** \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_

Former Address \_\_\_\_\_

**State/Country** \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_

Former Address \_\_\_\_\_

3. Do you have a valid driver's license issued in any state(s) other than the state you currently reside in?

Yes  No If yes, list state(s) and driver's license number(s):

**State** \_\_\_\_\_ Driver's License Number \_\_\_\_\_

**State** \_\_\_\_\_ Driver's License Number \_\_\_\_\_

4. Are you known by any other name?  Yes  No *(Include maiden name, if applicable)*

If yes, please print name(s): \_\_\_\_\_

5. Have you ever been issued or have you ever used another Social Security number?  Yes  No

If yes, list number(s) \_\_\_\_\_