| EMPLOYEE INFORMATION  |                                      |                       |  |
|---|--------------------------------------|-----------------------|--|
| NAME:   |                                      |                       |  |
| Address:  |                                      |                       |  |
| TELEPHONE NO.:  | MOBILE NO.:                          |                       |  |
| SOCIAL SECURITY NO.:  | Driver's License No.:                |                       |  |
| DATE OF BIRTH:  |                                      |                       |  |
| REFERENCE NO. 1 (Name, Address and Telephone No.)   |                                      |                       |  |
| REFERENCE NO. 2 (Name, Address and Telephone No.)   |                                      |                       |  |
|   |                                      |                       |  |
| REFERENCE NO. 3 (Name, Address and Telephone No.)   |                                      |                       |  |
| LIST NAMES, ADDRESSES AND TELEPHONE NUMBERS OF ALL PAST EMPLOYERS. USE ADDITIONAL PAPER IF NECESSARY. |                                      |                       |  |
| NAME AND ADDRESS OF EMPLOYER'S ORGANIZATION   | DATES EMPLOYED (GIVE MONTH AND Y     | EAR)                  |  |
| EXACT TITLE OF YOUR POSITION  | NAME OF IMMEDIATE SUPERVISOR         | (AREA CODE) PHONE No. |  |
|   |                                      |                       |  |
| NAME AND ADDRESS OF EMPLOYER'S ORGANIZATION   | DATES EMPLOYED (GIVE MONTH AND YEAR) |                       |  |
| EXACT TITLE OF YOUR POSITION  | NAME OF IMMEDIATE SUPERVISOR         | (AREA CODE) PHONE No. |  |

## AUTHORITY FOR RELEASE OF INFORMATION AND RECORDS

| NAME AND ADDRESS OF EMPLOYER'S ORGANIZATION | DATES EMPLOYED (GIVE MONTH AND YEAR) |                       |  |
|---|--------------------------------------|-----------------------|--|
|   |                                      |                       |  |
|   |                                      |                       |  |
| EXACT TITLE OF YOUR POSITION                | NAME OF IMMEDIATE SUPERVISOR         | (AREA CODE) PHONE No. |  |
|   |                                      |                       |  |

## NOTE

PLEASE FORWARD THE FOLLOWING INFORMATION FOR **EACH EMPLOYEE** WHO WILL BE PERFORMING SERVICES ON THIS CONTRACT:

- 1. AUTHORITY FOR RELEASE OF INFORMATION AND RECORDS FORM
- 2. Information Background Investigation Sheet
- 3. Copy of Birth Certificate
- 4. Copy of Driver's License at 150% exposure
- 5. Copy of Social Security Card at 150% exposure
- 6. COPY OF VISA FOR NON-U.S. CITIZENS