



St. PHILIP'S
SCHOOL & COMMUNITY CENTER

BACKGROUND CHECK REQUEST FORM

NAME

LAST FIRST MIDDLE

PURPOSE OF
BACKGROUND CK

SOCIAL SECURITY
NUMBER

DRIVER'S LICENSE
NUMBER & STATE

DATE OF BIRTH

GENDER

MALE FEMALE

ADDRESS

STREET ADDRESS APT #

CITY STATE COUNTY ZIP

HOME PHONE #

OTHER CITIES OF
RESIDENCE IN TEXAS

OUT OF STATE RESIDENT IN LAST FIVE YEARS? YES NO

IF YES, OUTOF
STATE ADDRESS

STREET ADDRESS APT #

CITY STATE COUNTY ZIP

START-DATE

ETHNICITY

HISPANIC NOT HISPANIC

RACE

AMERICAN INDIAN/ALASKAN ASIAN BLACK
HAWAIIAN/PACIFIC ISLANDER WHITE UNKNOWN

ALTERNATE NAMES

EMAIL ADDRESS

ST. PHILIP'S
CONTACT
