



Parkway Fellowship

Background Information Datasheet – For Purposes of Background Investigation Only

Name _____ Social Security Number _____
(Last Name) (First) (Middle)

*Maiden/Other Names Used _____ Phone Number _____

Driver's License or State ID _____ State _____ Date of Birth _____ Male ___ Female ___

RESIDENCES for the Last Seven (7) Years: List present address first.

Address _____	Street	Apt. No.	City	State	Zip	From / To
Address _____	Street	Apt. No.	City	State	Zip	From / To
Address _____	Street	Apt. No.	City	State	Zip	From / To

EMPLOYMENT for the Last Seven (7) Years: Start with current or most recent.

May We Contact Current Employer? Yes No

Applicant's Title _____
Employer _____ From: (Month/Year) ____ / ____ To: ____ / ____
Supervisor: _____
City State Zip Telephone

Applicant's Title _____
Employer _____ From: (Month/Year) ____ / ____ To: ____ / ____
Supervisor: _____
City State Zip Telephone

Applicant's Title _____
Employer _____ From: (Month/Year) ____ / ____ To: ____ / ____
Supervisor: _____
City State Zip Telephone

EDUCATION:

High School _____ Attended From _____ To _____ Graduated Did Not Graduate
 GED* Diploma
City State Zip
*Location GED was obtained: _____

College _____ Attended From _____ To _____ Graduated Did Not Graduate
 Degree / State Degree _____
City State Zip Month/Year Degree Received _____

College _____ Attended From _____ To _____ Graduated Did Not Graduate
 Degree / State Degree _____
City State Zip Month/Year Degree Received _____

ACKNOWLEDGEMENT: I understand that this form will not be retained with any permanent personnel file, and that the sole purpose of this document is to facilitate a background investigation. I further understand that the information I have provided herein will NOT be considered in any hiring decision, except for reasons of falsification. By my signature below, I acknowledge my understanding of these facts, and further attest that all of the information I have provided is true and correct.

I hereby authorize all persons, schools, all former employers, organizations, law enforcement agencies, or any other entity having information on me, to provide, either verbally or in writing, to, company name its agents, or assignees, all pertinent background information that has been deemed necessary for company name to arrive at an employment decision. Furthermore, I agree to hold company name, its agents, assignees, and any other person or entity that releases the aforementioned information, harmless and agree to release them from any liability arising from said background investigation. A photocopy or facsimile of this original form will serve as authorization.

Signature: _____ Date: _____