

Data Collection Form for MN Department of Human Services Background Study

Please print clearly and legibly, and complete the form in its entirety. Failure to do so will delay the hiring process. Please attach a copy of a valid form of identification with this document.

Last Name:

(Full legal last name is required)

First Name:

(Full legal first name required – no nicknames)

Full Middle Name (not initial):

US State or Country of birth:

Aliases: You must provide ALL other first and last names used. If you don't, it will delay the hiring process.

Other First Names Used:

Other Last Names Used:

Gender:

Height:

ft.

inches

Weight:

lbs.

Eye Color:

Hair Color:

Race:

Social Security Number:

Phone Number:

Date of Birth:

(mm/dd/yyyy)

Permanent (physical) Address:

City:

State:

Zip:

Mailing Address (if different from physical address):

City:

State:

Zip:

Have you lived out of your current state of residence in the past 5 years? If yes, please list location(s) and dates:

State

From

To

State

From

To

State

From

To

Signature/Acknowledgement: The information provided above, to the best of my knowledge, is true and complete.

Signature

Date

SEMCIL Use Only

Program: Admin DLL IL PCA **Type:** Professional Staff DSP Intern Volunteer

Revised 09/2016