

**FARRMS**

**www.farrms.org**

**info@farrms.org**

**2019 BACKGROUND CHECK INFORMATION FORM**

Full Legal Name:

Other Legal Name(s)/Maiden Name (\*):

(\*) From Year (YYYY): Through Year (YYYY): Gender: Male Female

Social Security Number: Date of Birth:

Phone Number: E-mail Address:

Contact Preference: Phone E-Mail Postal Mail

Current Physical Street Address:

City: State: ZIP:

County: From (Year): To (Year):

Current Mailing Address:

City: State: ZIP:

County: From (Year): To (Year):

(Attach separate page for additional previous addresses in the past *five* years)

Previous Address:

City: State: ZIP:

County: From (Year): To (Year):

Previous Address:

City: State: ZIP:

County: From (Year): To (Year):

Do you have a current driver’s license? Yes No

Do you have any vehicle accidents or violations in the past 5 years? Yes No

Have you ever been convicted, or do you have a pending charge, or a felony? Yes No

Have you ever been convicted, or do you have a pending charge, or any lesser crime involving force or threat of force against a person? Yes No

Have you ever been convicted, or do you have a pending charge, or any lesser crime of a sexual nature or classified as a sex offense including but not limited to “victimless” crimes of a sexual nature such as prostitution, pornography, indecent exposure, and crimes in which sexual relations is an element?

Yes No

Have you ever been convicted, or do you have a pending charge, or a lesser crime involving controlled substances (not paraphernalia or alcohol)? Yes No

Have you ever been convicted, or do you have a pending charge, or a lesser crime involving cruelty to animals? Yes No

Are you a sex offender registrant? Yes No

Have you ever been convicted, or do you have a pending charge, of a lesser crime involving harm to a minor? Yes No

If “Yes” to any of the above, please provide additional details/explanation:

Signature Date