PLEASE PRINT ALL INFORMATION REQUESTED EXCEPT SIGNATURE	WASHINGTON COUNTY GIRLS S BACKGROUND INFORMA		OFFICIAL USE ONLY: Date received: Reviewed by:	
Name:	DATE:			
Present address:	First Middle	Maiden		
Number	Street	City	State Zip	
How long at current address _		Social Security No.		
Telephone () Date of Birth:				
Employer:				
City:	State:	Zip:		
Phone:	Position:			
Supervisor: Beginning Employment Date:				
In the last 7 Years, have you been convicted of a felony, awaited trail, served any sentence or probation for any felony or serious misdemeanor other than a minor traffic violation? INO Yes If Yes, give date and nature of convictions:				
DO YOU HAVE A DRIVER'S LICE Driver's license number -	ENSE? 🔲 Yes 🖵 No		State of issue	
Expiration date:	Class	🖵 Operat	or 🖵 Commercial (CDL)	
Have you had any moving violations during the past three years? How Many?				
Please list two references other than relatives. Name:				
Position:				
Company:		Company:		
Address:		Address:		
Telephone:		Telephone:		

I authorize investigation of all statements contained in this application. I understand that the misrepresentation or omission of facts called for is cause for dismissal at any time without any previous notice. I hereby give permission to contact any and all references or offices to verify the information I provided.

Signature of applicant_____ Date: _____