

# Additional Information Form

**Superior**  
Employment  
Screening



**Fax to: (330) 433-9181**

Name: \_\_\_\_\_

S.S.N.: \_\_\_\_\_

Month and Day of Birth: \_\_\_\_\_

*The following must be completed in full to process your employment application. You will be contacted to clarify any missing or incomplete information. Please print legibly.*

<p><b><u>Residence History:</u></b> What cities/states have you resided in within the last 10 years?</p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 70%;">City _____ State _____</td> <td style="width: 30%;">Approx. dates _____</td> </tr> <tr> <td>City _____ State _____</td> <td>_____</td> </tr> <tr> <td>City _____ State _____</td> <td>_____</td> </tr> <tr> <td>City _____ State _____</td> <td>_____</td> </tr> </table>	City _____ State _____	Approx. dates _____	City _____ State _____	_____	City _____ State _____	_____	City _____ State _____	_____	<p><b><u>Previous Name History:</u></b> What names (married, maiden, alias, etc) have you used in the past 10 years?</p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 70%;">Name _____</td> <td style="width: 30%;">Approx. dates _____</td> </tr> <tr> <td>_____</td> <td>_____</td> </tr> <tr> <td>_____</td> <td>_____</td> </tr> <tr> <td>_____</td> <td>_____</td> </tr> </table>	Name _____	Approx. dates _____	_____	_____	_____	_____	_____	_____
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<p><b><u>Education History:</u></b></p> <p>If high school graduate, under what name did you graduate? _____ Year (optional) _____</p> <p>If G.E.D., under what name did you obtain it? _____</p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%;">Name _____</td> <td style="width: 33%;">City/State _____</td> <td style="width: 34%;">Year _____</td> </tr> </table> <p><small>(This information is requested and may be necessary to confirm education. You may choose to leave this section blank and will only be contacted if we are unable to confirm your education without this information.)</small></p>	Name _____	City/State _____	Year _____	<p><b><u>Driving History:</u></b></p> <p>Driver's License No.: _____</p> <p>State Where Issued: _____</p> <p>Valid: Yes _____ No _____</p> <p>If no, please explain: _____</p>
Name _____	City/State _____	Year _____		

**Criminal Records History:**

Have you ever been convicted of any crime more serious than a traffic infraction? Yes\* \_\_\_\_\_ No \_\_\_\_\_

\* If yes, please complete the following:

1) Where? City \_\_\_\_\_ County \_\_\_\_\_ State \_\_\_\_\_

2) When? \_\_\_\_\_ (approximate year)

3) What was the nature of the offense? \_\_\_\_\_

*If you have been convicted of more than one offense, please provide the above information on each offense using the reverse side of this page.*

**Employment Supervisor History:** List your past three direct supervisors from your previous employers.

Supervisor's Name	Related Company	City & State	Work Telephone (direct line if available)	Home Telephone
			( )	( )
			( )	( )
			( )	( )