



# Background Check Information Form

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## Applicant Information

Full Legal Last Name: \_\_\_\_\_

Full Legal First Name: \_\_\_\_\_

Other Names Used (Maiden, Alias, etc.): \_\_\_\_\_

Date of Birth (MM/DD/YYYY): \_\_\_\_\_

Place of Birth: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Driver's License Number: \_\_\_\_\_

State of Issuance: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

## Current Address

Street Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_

Zip Code: \_\_\_\_\_

How long at this address? (Years / Months): \_\_\_\_\_

## Previous Addresses (Last 7 Years)

1. Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Dates lived here: From \_\_\_\_\_ To \_\_\_\_\_

2. Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Dates lived here: From \_\_\_\_\_ To \_\_\_\_\_

### Physical Description

Height: \_\_\_\_\_

Weight: \_\_\_\_\_

Eye Color: \_\_\_\_\_

Hair Color: \_\_\_\_\_

Gender: \_\_\_\_\_

Race (optional): \_\_\_\_\_

### Criminal History

Have you ever been convicted of a crime?  Yes  No

If yes, please explain:

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### Authorization and Consent for Background Check

I hereby authorize **Fort Bend County Fire Marshal's Office** or its agents to conduct a background investigation including criminal history. I release all parties from any liability resulting from providing this information.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Fort Bend County Fire Marshal's Office

Phone: (281) 238-1500 \* firemarshal@fbctx.gov