



IRC, Inc.

EMPLOYMENT SCREENING APPLICATION

(Please type or print clearly and fill in all information)

IRC, Inc. will perform an employment background check on you. Fill out this application completely and accurately. Missing or inaccurate information may appear as negative in the hiring process.

Last Name (Suffix) First Name Middle Name Maiden Name

Date of Birth Social Security Number Driver License/State I.D. Number State Issued

List all other names used ()
Home Phone Number

List current address and all cities and states resided in for the past 10 years.

Current Address City State Zip Code

City	State	From	To
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Do you posses a Professional License? Yes No

If yes, list license number, type, expiration date and state issued.

Professional License Number Type of Professional License Expiration Date State Issued

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Education

Name of High School City State

Did you receive a diploma? Yes No

Name used while attending Last Date Attended Graduation Date

Did you receive GED? Yes No

If yes, please provide the testing center name, City, State _____

List all Colleges and/or Universities that you attended:

Name used while attending			
College or University	City, State	Dates Attended	Degree Rec'd
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Employment History Please list your employment starting with the most recent employer. List **ALL** full time and part time employment during the last 10 years. May we contact your present employer? Yes _____ No _____
Please fill out completely.

1. _____ ()
Company Name Supervisor Phone Number

City, State

Job Title Dates: From: To:

Reason Left \$ _____ per
Final Salary

2. _____ ()
Company Name Supervisor Phone Number

City, State

Job Title Dates: From: To:

Reason Left \$ _____ per
Final Salary

3. _____ ()
Company Name Supervisor Phone Number

City, State

Job Title _____ Dates: From: _____ To: _____
Reason Left _____ \$ _____ per _____
Final Salary

4. _____ () _____
Company Name Supervisor Phone Number

City, State

Job Title _____ Dates: From: _____ To: _____
Reason Left _____ \$ _____ per _____
Final Salary

5. _____ () _____
Company Name Supervisor Phone Number

City, State

Job Title _____ Dates: From: _____ To: _____
Reason Left _____ \$ _____ per _____
Final Salary

Business References

Reference Name and Phone Number _____ Reference Name and Phone Number _____

Reference Name and Phone Number _____ Reference Name and Phone Number _____

I certify that all statements made by me in this application are true and accurate to the best of my knowledge, and that I listed complete information.

Signature

Date