



Background Check Order Form Mayo Clinic Hospital Volunteer Services

PLEASE TYPE OR PRINT CLEARLY!

NAME _____	MAIDEN NAME _____	YRS _____
PHONE _____	DOB _____	SSN _____
DRIVER LICENSE # _____	S STATE _____	I.D. NO _____ STATE _____
ALIAS NAME _____		
ALIAS NAME _____		
ALIAS NAME _____		

RESIDENCES (Start with current)

ADDRESS: _____	STREET _____	APT _____	CITY _____	STATE _____	ZIP _____	DATES: _____
ADDRESS: _____	STREET _____	APT _____	CITY _____	STATE _____	ZIP _____	DATES: _____
ADDRESS: _____	STREET _____	APT _____	CITY _____	STATE _____	ZIP _____	DATES: _____

EMPLOYMENT (Start with current or most recent)

EMPLC. _____	FROM _____	TO _____
JOB TITLE _____	ENDING SALARY _____	
CITY _____	STATE _____	PHONE _____
MAY WE CONTACT YOUR CURRENT EMPLOYER?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
EMPLOYER _____	FROM _____	TO _____
JOB TITLE _____	ENDING SALARY _____	
CITY _____	STATE _____	PHONE _____
EMPLOYER _____	FROM _____	TO _____
JOB TITLE _____	ENDING SALARY _____	
CITY _____	STATE _____	PHONE _____

EDUCATION

HIGH SCHOOL _____	LAST YEAR ATTENDED _____	GRADUATED <input type="checkbox"/>	DID NOT GRADUATE <input type="checkbox"/>
CITY _____	STATE _____	PHONE _____	GED <input type="checkbox"/>
COLLEGE INSTITUTION _____	LAST YEAR ATTENDED _____	DEGREE _____	
CITY _____	STATE _____	PHONE _____	
GRADUATE SCHOOL _____	LAST YEAR ATTENDED _____	DEGREE _____	
CITY _____	STATE _____	PHONE _____	

NOT APPLICABLE