



INDIVIDUAL HISTORY FORM

FORM REQUIRED: For any individual undergoing a background check in relation to a Village of Elmwood Park business license.

INSTRUCTIONS: Provide the information requested below. This form must be signed by the individual whose information is provided, and a PHOTOCOPY OF CURRENT GOVERNMENT-ISSUED PHOTO ID MUST ALSO BE INCLUDED FOR THE INDIVIDUAL.

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|--|----|--|---------------|---------------------|---|-------------------------------------|--------------------------------------|--------|---------------------------|
| PERSONAL INFORMATION | | PROVIDE THE FOLLOWING PERSONAL INFORMATION | | | | | | | |
| FIRST NAME | | MIDDLE NAME | | LAST NAME | | MAIDEN NAME (IF APPLICABLE) | | SUFFIX | |
| CURRENT RESIDENTIAL STREET ADDRESS | | | | SUITE/APT | CITY | | STATE | | ZIP CODE |
| HOME PHONE () | | WORK PHONE () | | MOBILE PHONE () | | EMAIL ADDRESS | | | |
| SSN OR ITIN | | PLACE OF BIRTH | | AGE | DATE OF BIRTH | | JOB TITLE | | RELATIONSHIP TO APPLICANT |
| HEIGHT FT | IN | WEIGHT LBS | HAIR COLOR | EYE COLOR | SEX | DRIVER'S LICENSE OR STATE ID NUMBER | | | |
| HAVE YOU EVER BEEN FINGERPRINTED FOR A BUSINESS LICENSE? | | | | | <input type="checkbox"/> NO <input type="checkbox"/> YES* | | * IF YES, PROVIDE YEAR FINGERPRINTED | | |

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|--|--|---|--|-------------------|---|--------------------------|--------|
| MARITAL HISTORY <input type="checkbox"/> PROVIDE THE FOLLOWING INFORMATION ABOUT YOUR MARITAL HISTORY | | | | | | | |
| CURRENT MARITAL STATUS | | <input type="checkbox"/> SINGLE <input type="checkbox"/> WIDOWED <input type="checkbox"/> MARRIED* <input type="checkbox"/> DIVORCED* | | | * IF MARRIED/DIVORCED, PROVIDE SPOUSE/EX-SPOUSE NAME BELOW: | | |
| [SPOUSE OR EX-SPOUSE] FIRST NAME | | MIDDLE NAME | | CURRENT LAST NAME | | MAIDEN NAME/MARRIED NAME | SUFFIX |

| | | | | | | | |
|---|--|-----------------|------------------|---|-------------------------------|---|--|
| CRIMINAL HISTORY PROVIDE THE FOLLOWING INFORMATION ABOUT YOUR CRIMINAL HISTORY AN ATTACHMENT, IF NECESSARY | | | | (INCLUDE | | | |
| HAVE YOU EVER BEEN CONVICTED OF A CRIMINAL OFFENSE? | | | | <input type="checkbox"/> NO <input type="checkbox"/> YES* | | * IF YES, PROVIDE ALL CRIMINAL CONVICTIONS BELOW: | |
| TYPE OF OFFENSE | | CONVICTION DATE | PENALTY/SENTENCE | | JURISDICTION (STATE & COUNTY) | | |
| | | | | | | | |
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|---|--|--------------|----------------------|------|-------------------------|--|
| EMPLOYMENT HISTORY PROVIDE YOUR COMPLETE EMPLOYMENT HISTORY FOR THE PAST 5 YEARS (INCLUDE AN ATTACHMENT, IF NECESSARY) | | | | | | |
| EMPLOYER NAME (MOST RECENT) | | | IMMEDIATE SUPERVISOR | | EMPLOYER'S PHONE () | |
| EMPLOYER'S STREET ADDRESS | | | SUITE | CITY | STATE ZIP CODE | |
| JOB TITLE | | TYPE OF WORK | EMPLOYED FROM | | EMPLOYED TO | |
| EMPLOYER NAME (SECOND MOST RECENT) | | | IMMEDIATE SUPERVISOR | | EMPLOYER'S PHONE () | |
| EMPLOYER'S STREET ADDRESS | | | SUITE | CITY | STATE ZIP CODE | |
| JOB TITLE | | TYPE OF WORK | EMPLOYED FROM | | EMPLOYED TO | |

ACKNOWLEDGEMENT REVIEW THE FOLLOWING STATEMENT AND SIGN YOUR ACKNOWLEDGEMENT BELOW

I hereby certify that the information supplied in this form is true and complete, and hereby authorize the Village of Elmwood Park to make all necessary inquiries to verify its accuracy. A false statement of material fact made on this form may violate federal, state and/or local law, and may subject any person making such a statement to a range of civil and criminal penalties, such as a period of incarceration, fines and an award to the Village of Elmwood Park of up to three times any damages incurred. In addition, persons who submit false information are subject to denial of the requested Village of Elmwood Park action.

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|---------------------------|--|------------------------|--|------|--|
| PRINTED NAME OF APPLICANT | | SIGNATURE OF APPLICANT | | DATE | |
| | | X | | | |