

ALL BACKGROUND CHECKS MUST INCLUDE A COPY OF YOUR DRIVER'S LICENSE

Background Check Authorization

For Directors, Officers and Volunteers of Sequim Wheelers

PLEASE PRINT

Full Name:

Last: _____ First: _____ Middle: _____

Maiden Name and / or other names used:

Last: _____ First: _____ Middle: _____

Last: _____ First: _____ Middle: _____

Current Address:

Street: _____

City: _____ State: _____ Zip: _____ Tele: _____

Driver's License Information: License ID: _____ State Issued: _____

Date of Birth: _____ **Place of Birth:** _____

Citizenship: _____ **Social Security No.:** _____

Have you lived outside Washington in the past three (3) years? YES NO

List all previous addresses for the past five (5) years.

Street: _____ City: _____ State: _____ Zip: _____

Street: _____ City: _____ State: _____ Zip: _____

Street: _____ City: _____ State: _____ Zip: _____

Street: _____ City: _____ State: _____ Zip: _____

Have you ever been convicted of anything other than a minor traffic violation? YES NO

If yes, please explain:

Signature

Email

Date

For minors, a parent or guardian's signature is required:

Parent/Guardian Signature

Date

Remember to include a copy of your Driver's License