



TFG Background Check Form

Please complete all sections of form and do not leave any fields blank. If you believe the field does not apply to you then please mark with N/A. Please provide a copy of your current driver's license or state id with this form. Please note that incomplete or inaccurate information could interfere with the completion of your background check and impact your position with TFG.

Demographic and Contact Information:				
First Name	Middle Name	Last Name		
Alternate Names Used (Maiden, etc.)			Dates Used:	
Current Street Address	City	State	Zip	
Previous Street Address	City	State	Zip	
Home Phone	Mobile Phone			
Email Address				

Identification Data:		
Date of Birth	Place of Birth (City, State)	Social Security Number
Race	Gender	
Driver's License Number	Issuing State	

Please provide details of any past legal concerns, court actions, or other problems that may be revealed on a full and complete background check, and any results and resolutions, pending or otherwise, in regards to those events: _____

For TFG Administrative Use Only:

Date Received: _____ Date Submitted: _____ Date of Result: _____

Result: Clear Flag Needs Review or Further Information Administrative Hold