



FORM 1-3A: Town of Chapel Hill Consumer Report Form

This information will only be used to verify your identity for a background check by a third-party vendor. Your privacy is important to us, and we take great care to transfer and store your personal information securely.

POSITION TITLE: _____
DEPARTMENT: _____
SUPERVISOR: _____
HR PARTNER: _____

LEGAL NAME(S)

How does your name appear on official documents? What other names have you used in the past?

Full Name: _____
First Middle Last Suffix

Full Name: _____
First Middle Last Suffix

Write other names on the back of this form.

IDENTIFYING INFORMATION

Our background check vendor requires the following information to correctly identify you. Please mark your sex according to your driver's license.

Social Security Number: _____ - _____ - _____ **Sex (License):** _____ **Date of Birth:** ____ / ____ / _____

ADDRESS HISTORY

Where have you lived over the past 7 years? How long did you live there?

From _____ **Address:** _____
to _____ *Street Address Apt/Unit #*

City State ZIP Code

From _____ **Address:** _____
to _____ *Street Address Apt/Unit #*

City State ZIP Code

From _____ **Address:** _____
to _____ *Street Address Apt/Unit #*

City State ZIP Code

Write other addresses on the back of this form.

DRIVER LICENSE INFORMATION

Driver License Number: _____

Driver License State: _____