



PORT PURPOSE CARD APPLICATION

Form B

Background Investigation Worksheet

Applications must be completed in ink. Do not fold or bend.

June 2009

EMPLOYEE SECTION: (To be completed by employee)

Name: _____ Gender: _____ Race: _____
(Last / First / Middle Name)

Color of Eyes: _____ Color of Hair: _____

Height: _____ Weight: _____

Social Security Number: _____

Place of Birth: _____ Date of Birth: _____
(City / State / Country) mm/dd/yyyy

Citizenship: _____

PREVIOUS ADDRESS:

Street: _____ City: _____

State/ZIP: _____ Phone: _____

From Date: _____ To Date: _____

Street: _____ City: _____

State/ZIP: _____ Phone: _____

From Date: _____ To Date: _____

PREVIOUS EMPLOYMENT:

Company: _____ Phone _____

Address _____ City: _____

State: _____ ZIP: _____

Sensitive Security Information (when completed)

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ARREST HISTORY: Have you been convicted or had a finding of guilt for any felony in any jurisdiction (including withheld adjudication)

Yes _____ No _____ IF YES, COMPLETE THE FOLLOWING

Crime Charge: _____ Date: _____

Police Agency: _____ Disposition: _____

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Crime Charge: _____ Date: _____

Police Agency: _____ Disposition: _____

Crime Charge: _____ Date: _____

Police Agency: _____ Disposition: _____

(List any additional felony convictions on a separate piece of paper)

DRUG USE HISTORY:

Do you now or have you at any time used illegal drugs?

Yes _____ No _____ IF YES, EXPLAIN: _____

FOR OFFICE USE ONLY

LOG NUMBER: _____ TCN: _____

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