

For Shedd use only
Department: _____

Position: _____

Requested by: _____

Date requested: ____/____/____

Date sent to GG ____/____/____

Sent to GG by: _____

Background Investigation Information
(Please print clearly with pen)

Client: John G. Shedd Aquarium

Applicant's Name:

(First) (Middle) (Last)

Social Security #: ____/____/____
____/____/____

Date of Birth: _____

Driver's License or State ID #: _____ State: _____ Exp. Date: ____/____/____

Present Address:

(House # and Street)

(City) (State) (Zip) (How Long)

(If present address is less than 5 years, include past addresses to cover 5 years.)

Former Address:

(House # and Street)

(City) (State) (Zip) (How Long)

Former Address:

(House # and Street)

(City) (State) (Zip) (How Long)

Former Address:

(House # and Street)

(City) (State) (Zip) (How Long)

Former Address:

(House # and Street)

(City) (State) (Zip) (How Long)

Applicant's Statement:

This certifies that the above information was completed by me and that all entries and all information are true and complete to the best of my knowledge. I authorize the John G. Shedd Aquarium and its agents to perform a background inquiry as it pertains to employment and/or volunteer consideration. I authorize a telephonic facsimile (fax) or photocopy of this statement to be accepted with the same authority as the original.

Signature of Applicant

Date