

APPLICANT DATA COLLECTION

Knife River Lutheran Church
Background Check Data Collection Form

TODAY'S DATE _____

LAST NAME: _____

FIRST NAME: _____

MIDDLE NAME: _____

Please List Any Other Names Used _____

HOME ADDRESS _____

CITY _____ COUNTY _____ STATE _____ ZIP _____

SSN _____ D/L or STATE ID #: _____

STATE ISSUED: _____ DATE ISSUED: _____

EMAIL ADDRESS: _____

For identification purposes only, please provide FULL DOB: _____