



Douglas County Civil Service Commission
Human Resources Department
BACKGROUND INVESTIGATION FORM

Applicant Name (Last, Firsts, MI): _____

Department: _____

Aliases Used: _____

Maiden Name: _____

Gender: Male Female

Social Security Number: _____

Driver's License Number: _____ State: _____

Date of Birth (mm/dd/yyyy): _____

Race: Caucasian African-American Hispanic
 Asian/Pacific Islander Native American/Alaskan Native
 Other: _____

Address (street, city, state & zip): _____

I understand that the above information will only be used for a background investigation.

Applicant Signature

Date

DCDC USE ONLY

Approved Denied

Signature

Date

Faxed By: _____