



## Core - Application Package

We will need the following items along with the below documents on your interview day

- Social Security Card
- Driver's license or Passport
- A voided check from your bank account

Form 8850 is for Veterans only.

Employer: Core

Phone: 405-513-8606 Requested By:

SERVICES REQUESTED (Check all that apply)

Initial Screening Package (VA)

Initial Screening Package (FL)

Renewal Screening Package (VA)

Renewal Screening Package (FL)

**In order to process your background check, please provide the following information. Include your exact legal name and any other name(s) you may have used in the last seven (7) years.**

PRINT CLEARLY IN INK OR TYPE IN ALL INFORMATION. MAKE SURE DISCLOSURE IS SIGNED ABOVE.

First Name :		Middle Initial:		
Last Name:				
Social Security Number:			Birth Date:	
Current Address:				
City:		State:	Zip:	
Driver's License #:			State:	
Other Names Used (previous 7 years only):				
1.		2.		
3.		4.		
Please provide City and County Information for your residence covering a period of seven (7) years, beginning with your most current address.				
City	County	State	Zip	From: _____ To: _____
				From: _____ To: _____
				From: _____ To: _____
				From: _____ To: _____
				From: _____ To: _____

\*This information will be used for background screening purposes only and will not be used as hiring criteria.

[Employer Note: If you do business in Utah, you cannot ask for DOB, driver's license, or SSN until either a confidential offer of employment or at the time the background report will be run.]

**Please note:** *These sample documents should NOT be construed as legal advice, guidance or counsel. Employers should consult their own attorney about their compliance responsibilities under the FCR4 and applicable state law. Core expressly disclaims any warranties or responsibility or damages associated with or arising out of information provided.*



**Core**  
Employment Application



**APPLICANT INFORMATION**

Last Name	First	M.I.	Date
Street Address			Apartment/Unit #
City	State	ZIP	
Phone	E-mail Address		
Date Available	Social Security No.	Desired Salary	
Position Applied for			
Are you a citizen of the United States?	YES	NO	If no, are you authorized to work in the U.S.? YES NO
Have you ever worked for this company?	YES	NO	If so, when?
Have you ever been convicted of a felony?	YES	NO	If yes, explain

NOTICE:  
Core conducts drug screens, credit and background checks of applicants who've accepted employment or internship offers. During the routine background investigation, we will obtain information (a "Consumer Report") about your credit history, as permitted, as well as other information about your personal character.

**EDUCATION**

High School	Address				
From	To	Did you graduate?	YES	NO	Degree
College	Address				
From	To	Did you graduate?	YES	NO	Degree
Other	Address				
From	To	Did you graduate?	YES	NO	Degree

**REFERENCES**

*Please list three professional references.*

Full Name	Relationship
Company	Phone
Address	
Full Name	Relationship
Company	Phone
Address	
Full Name	Relationship
Company	Phone
Address	

**PREVIOUS EMPLOYMENT**

Company \_\_\_\_\_ Phone \_\_\_\_\_  
Address \_\_\_\_\_ Supervisor \_\_\_\_\_  
Job Title \_\_\_\_\_ Starting Salary \$ \_\_\_\_\_ Ending Salary \$ \_\_\_\_\_  
Responsibilities \_\_\_\_\_

From \_\_\_\_\_ To \_\_\_\_\_ Reason for Leaving \_\_\_\_\_

May we contact your previous supervisor for a reference? YES NO

Company \_\_\_\_\_ Phone \_\_\_\_\_  
Address \_\_\_\_\_ Supervisor \_\_\_\_\_  
Job Title \_\_\_\_\_ Starting Salary - \$ \_\_\_\_\_ Ending Salary \$ \_\_\_\_\_  
Responsibilities \_\_\_\_\_

From \_\_\_\_\_ To \_\_\_\_\_ Reason for Leaving \_\_\_\_\_

May we contact your previous supervisor for a reference? YES NO

Company \_\_\_\_\_ Phone \_\_\_\_\_  
Address \_\_\_\_\_ Supervisor \_\_\_\_\_  
Job Title \_\_\_\_\_ Starting Salary \$ \_\_\_\_\_ Ending Salary \$ \_\_\_\_\_  
Responsibilities \_\_\_\_\_

From \_\_\_\_\_ To \_\_\_\_\_ Reason for Leaving \_\_\_\_\_

May we contact your previous supervisor for a reference? YES NO

**MILITARY SERVICE**

Branch \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_

Rank at Discharge \_\_\_\_\_ Type of Discharge \_\_\_\_\_

If other than honorable, explain \_\_\_\_\_

**DISCLAIMER AND SIGNATURE**

I certify that my answers are true and complete to the best of my knowledge.

If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.

Signature \_\_\_\_\_

Date \_\_\_\_\_

## Authorization for Direct Deposit

I authorize \_\_\_\_\_ to deposit my pay automatically to the account(s) indicated below and, if necessary, to adjust or reverse a deposit for any payroll entry made to my account in error. This authorization will remain in effect until I cancel it in writing and in such time as to afford \_\_\_\_\_ a reasonable opportunity to act on it.

**Name on bank account:** \_\_\_\_\_

Bank account number: \_\_\_\_\_ Checking \_\_\_\_\_ Savings \_\_\_\_\_

Bank routing number: \_\_\_\_\_

Amount: \$ \_\_\_\_\_ or entire paycheck : \_\_\_\_\_

**\*Balance of pay to:**

\_\_\_\_\_ Manual (paper check)

\_\_\_\_\_ Account described below

**\*Note:** Split payments are not available for contractors

**Name on bank account:** \_\_\_\_\_

Bank account number: \_\_\_\_\_ Checking \_\_\_\_\_ Savings \_\_\_\_\_

Bank routing number: \_\_\_\_\_

**Important:** Please attach a voided check for each bank account to which funds should be deposited.

Employee/Contractor signature: \_\_\_\_\_

Date: \_\_\_\_\_

**Payers: Do not send this form with your Direct Deposit enrollment. Keep for your records.**