

**Part 5 – Applicant Information. This information is required to process a complete comprehensive background check. As the comprehensive background check includes name-based searches of registries, you must include all aliases.**

**Individual Information:** Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

**Facility and Role**

Facility Name \_\_\_\_\_ Role  Applicant/Licensee  Program Director  
 Licensee Designee  Adult Household Member  
 Child Care Staff Contractual/Self-Employed  Volunteer/Individual with Unsupervised access to children

**Personal Information (Legal Name). All aliases must be listed. Omitting or providing false information below will result in a determination of ineligible.**

First \_\_\_\_\_ Middle \_\_\_\_\_ Last \_\_\_\_\_ Suffix \_\_\_\_\_  
Add All Maiden/Aliases \_\_\_\_\_

Place of Birth (State or Country) \_\_\_\_\_ Country of Citizenship \_\_\_\_\_

Height \_\_\_\_\_ Weight \_\_\_\_\_ Hair Color \_\_\_\_\_ Eye Color \_\_\_\_\_ Gender  Male  Female Race \_\_\_\_\_

**Address**

Country \_\_\_\_\_ Address \_\_\_\_\_  
City \_\_\_\_\_ State/Province \_\_\_\_\_ Zip \_\_\_\_\_ County \_\_\_\_\_

**Driver's License or State Identification/Phone/E-mail address**

Drivers/ID Number \_\_\_\_\_ State Issued \_\_\_\_\_  
Phone Number \_\_\_\_\_ Email \_\_\_\_\_

**Residency**

Did applicant continuously reside in Michigan within the last five years?  Yes  No If No, you must complete previous addresses

Previous address (use additional paper, if applicable)

Date of Residency To \_\_\_\_\_ From \_\_\_\_\_  
Country \_\_\_\_\_ Address \_\_\_\_\_  
City \_\_\_\_\_ State/Province \_\_\_\_\_ Zip \_\_\_\_\_ County \_\_\_\_\_

Previous address

Date of Residency To \_\_\_\_\_ From \_\_\_\_\_  
Country \_\_\_\_\_ Address \_\_\_\_\_  
City \_\_\_\_\_ State/Province \_\_\_\_\_ Zip \_\_\_\_\_ County \_\_\_\_\_