

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	<input type="checkbox"/> Applicant/Licensee	<input type="checkbox"/> Program Director
_____		<input type="checkbox"/> Licensee Designee	<input type="checkbox"/> Adult Household Member
		<input type="checkbox"/> Child Care Staff	<input type="checkbox"/> Volunteer/Individual with
		Contractual/Self-Employed	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	<input type="checkbox"/> Male	Race
_____	_____	_____	_____		<input type="checkbox"/> Female	_____

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	_____