MURRAY CITY CORPORATION
PERSONAL DATA SHEET

Please fill out this form and return with your background check document (if needed), and business license application.

Business Name:_____ DBA Name:_____

APPLICANT NAME: _____ OTHER NAMES USED: _____

HOME ADDRESS: _____HOW LONG? _____

ALL OTHER ADDRESSES IN PAST 3 YEARS: _____

_____

_____

DATE OF BIRTH: _____/_____/_____   AGE: _____   PLACE OF BIRTH: _____

SOCIAL SECURITY #: _____-_____-_____   DRIVERS LICENSE/ ID#:_____ STATE_____

U.S. CITIZEN?   YES_____   NO_____   IF NO, RESIDENT ALIEN #_____

OTHER:_____

CELL PHONE # (_____) _____-_____   OTHER PHONE # (_____) _____-_____

SPOUSE NAME: _____   DATE OF BIRTH: _____/_____/_____ AGE: _____

NAME OF RELATIVE NOT LIVING WITH YOU:_____ PHONE: (_____) _____-_____
ADDRESS: _____

PHYSICAL DESCRIPTION

SEX: _____   RACE: _____   CORRECTIVE LENSES: YES_____   NO_____

HEIGHT: _____   WEIGHT: _____   EYES: _____   HAIR: _____

TATOOS: (DESCRIPTION & LOCATION) _____

_____

SCARS & MARKS: _____

_____

MANUAL DEXTERITY: RIGHT: _____ LEFT: _____ AMBIDEXTROUS: _____

EDUCATION

HIGH SCHOOL: _____ YEARS COMPLETED: _____

COLLEGE_____ YEARS COMPLETE: _____

ORGANIZATIONS & CLUBS: _____

ATTENDING NOW? YES_____   NO_____   WHERE: _____

MURRAY CITY CORPORATION
PERSONAL DATA SHEET

Business Name:_____ DBA Name:_____

HISTORY

HAVE YOU EVER BEEN CONVICTED OF A FELONY? YES_____ NO _____

IF YES, DETAILS _____

OTHER ARRESTS: _____

LOCATION(S): _____

PAROLE: _____ PROBATION: _____

UTAH STATE PRISON: YES____ NO____ PHOTO_____ STATUS: _____

OTHER PRISON: _____

EMPLOYMENT

SELF EMPLOYED_____ FULL TIME_____ PART TIME_____SEASONAL_____ TEMPORARY_____

NAME OF EMPLOYER: _____

ADDRESS_____

HOW LONG? _____ EMPLOYER PHONE: (_____) _____-_____

IF LESS THAN 3 YEARS, PLEASE PROVIDE ALL OTHER EMPLOYERS:

NAME: _____ HOW LONG? _____

ADDRESS: _____ PHONE: (_____) _____-_____

NAME: _____ HOW LONG? _____

ADDRESS: _____ PHONE: (____ _) _____-_____

MISC INFORMATION

WHAT TIME FRAME WILL THIS CERTIFICATION BE USED FOR? _____

DATE OF LAST APPLICATION WITH MURRAY CITY: _____/_____/_____

HAVE YOU EVER BEEN DENIED OR HAD A CERTIFICATE/LICENSE REVOKED? YES_____ NO_____

IF YES, WHEN/WHERE? _____

I CERTIFY THAT THE ABOVE INFORMATION IS TRUE AND CORRECT, AND THAT I PERSONALLY PROVIDED THE SAME AND INTENDED THAT MURRAY CITY RELY THEREON:

_____   _____

APPLICANT'S SIGNATURE   DATE