



APPLICANT DATA SHEET

In connection with the consumer report that may be obtained by Manpower, please provide the following information. The information provided by you in this form, as well as the information contained in your resume and Employment Application (if any), may be used in connection with a request by Manpower for a consumer report as set-forth in the Disclosure and Authorization Form that has been signed by you:

First Name	Middle Name	Last Name	
Other Names Used or Known By (within past ten years) <i>Maiden name, former name(s), a/k/a name(s), Alias, etc.</i>			
Social Security Number*		Date of Birth*	
Current Street Address (do not include PO Box)*			From: MM/YY
City	State	Zip Code	County
Driver's License State		Driver's License Number	

*Will only be used in connection with obtaining a consumer report.

Address History: Please provide information about each county in which you have lived **or** worked in the last TEN years.

*(Note: If you have lived in different cities **within** one state and county, you may list them under one section. Also, please note that if you have lived outside of the country you may be asked to complete additional forms and provide a photo I.D.)*

From: MM/YY	To: MM/YY	City	County	State	Zip Code
From: MM/YY	To: MM/YY	City	County	State	Zip Code
From: MM/YY	To: MM/YY	City	County	State	Zip Code
From: MM/YY	To: MM/YY	City	County	State	Zip Code
From: MM/YY	To: MM/YY	City	County	State	Zip Code
From: MM/YY	To: MM/YY	City	County	State	Zip Code

Previous Employment

NOTE: If our vendor is unable to verify an employer, you may be asked to provide copies of W2s or paystubs to help verify.

If you have worked through a staffing service, it is very important to provide that staffing service as the Employer name. Failure to do so could result in a delay in processing and assignment.

Title/Position	Employer Name: As listed on W-2 or paycheck	From: MM/YY		To: MM/YY	
Address	City	State	Zip Code	Phone	
Supervisor					
Title/Position	Employer Name: As listed on W-2 or paycheck	From: MM/YY		To: MM/YY	
Address	City	State	Zip Code	Phone	
Supervisor					
Title/Position	Employer Name: As listed on W-2 or paycheck	From: MM/YY		To: MM/YY	
Address	City	State	Zip Code	Phone	
Supervisor					

Education								
	Name of Educational Institution	Your Name at Time of Graduation	City	State	Degree Received?	If yes, type of degree	From: MM/YY	To: MM/YY
High School/GED								
College/ University								
College/ University								