



File Report No:

CONFIDENTIAL PRE-SCREENING REPORT

Candidate Name:

SSN:

Date of Birth:

Sex: Race:

Hair: Eyes:

Weight: Height:

DOD Clearance Lvl (if applicable):

Photo Here

RESIDENCY

Last 5 Reported Addresses & Counties

EMPLOYMENT

EDUCATION

Institution:

Location:

Dates Attended:

Major/Minor:

Degree:

Institution:

Location:

Dates Attended:

Degree:

CRIMINAL

END OF REPORT