

Candidate's Additional Information Form – **CONFIDENTIAL**

First Name: _____ Middle Name: _____ Last Name: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Email: _____ Phone: _____

Have you lived out of state in the last five (5) years? Yes No

If yes, please provide that address: _____

City: _____ State: _____ Zip Code: _____

Driver's License Number: _____

Expiration Date: _____ Issuing State: _____

Social Security Number: _____ Date of Birth: _____

Place of Birth (U.S. state or foreign country): _____

Sex: Male Female Race: _____ Hair Color: _____

Eye Color: _____ Height: _____ Weight: _____

Preferred Pronouns: _____

By signing below, I authorize TRGT Global, the State of Florida, and/or the employer to inquire into my personal history, including, but not limited to, rental, criminal, or civil history to process my employment application. I cannot make claims of TRGT Global, the State of Florida, or the employer violating privacy or other claims now and in the future. F. S. Under penalties of perjury, I declare that I have read the foregoing Candidate's Additional Information form and that the facts stated in it are true to the best of my knowledge and belief.

Candidate's Signature

Today's Date

IF FALSE INFORMATION, INCLUDING INCORRECT SOCIAL SECURITY NUMBER(S) ARE SUBMITTED A SECOND APPLICATION FEE WILL BE CHARGED TO RE-SUBMIT REPORT(S). Federal Law requires the end user to maintain this application/form for a period of five years.

Note: This information will be placed in a separate folder from the applicant's folder while in process.

