BACKGROUND STUDY

The following information is needed in order for an on-line background study to be completed on you through the Minnesota Department of Human Services. A clearance from the Minnesota Department of Human Services is required in order for you to begin working at Winona Health. All items marked with an * are optional.

Please print:

_____

First Name Middle Name Last Name

_____ ____ ____

Date of Birth (mm/dd/yyyy) Sex M F

_____

Minnesota Driver's License Number/State ID (if any)*
(leave blank if you have a license from another state)

Race* _____White _____Asian _____Pac. Islander

_____African American _____Native American _____Hispanic/Latino

_____Two or more races ____Other/Unknown

_____ _____

Social Security Number* Phone Number*

_____

Address

_____

City State Zip

Other first names you have used:

_____

Other last names you have used:

_____