



Background Screening Information Sheet

Central Indiana Educational Service Center performs a background screening before employment. Please fill out the information below. Please provide your DLN if you are applying for Driver Education.

First and Last Name: _____

AKA: _____

E-mail: _____

Home Phone: _____

Cell: _____

Home Address: _____

City, State, Zip: _____

Date of Birth: _____

Social Security Number: _____

DLN: _____

My signature indicates that I give permission for a background screening to be completed prior to my hiring date. CIESC holds all information on this form as well as background screening completely confidential.

Signature: _____

Date: _____