

Specialty Resources Group

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Background Information Form

Personal Information

Full Name: _____ Date: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

_____ *City State ZIP Code*

Phone: _____ Email: _____

Cell Phone: _____ Social Security No.: _____ Date of Birth: _____

Spouses Name and
Date of Birth: _____

Are you a citizen of the United States? YES NO Driver's License # and Issuing State _____

Have you ever declared bankruptcy? YES NO If yes, when _____

Have you ever been arrested? YES NO

If yes, arresting agency and date of arrest: _____

Education

High School: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Diploma: _____

College: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Degree: _____

Other: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Degree: _____

Name Utilized in College _____