



**CITY OF FLINT**  
**DEPARTMENT OF HUMAN RESOURCES**  
**AND LABOR RELATIONS**

**BACKGROUND QUESTIONNAIRE**

**NAME:** \_\_\_\_\_  
(Last) (First) (Middle)

**ADDRESS:** \_\_\_\_\_  
(City) (State) (Zip)

**HOME PHONE:** \_\_\_\_\_

**SOCIAL SECURITY NO.:** \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

**DRIVER'S LICENSE NO.:** \_\_\_\_\_ (Expiration)

**BIRTH DATE:** \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

**RACE:** \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_

**Have you used any names or Social Security numbers other than those given?**

**If yes, please list:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**\* SEE OTHER SIDE \***