

Applicant Background Questionnaire

A. Personal Information

Full Name: _____
First Middle Last

Have you ever been known by or used any nicknames, maiden names, or other names? YES NO

If yes, please list:

If your name is commonly misspelled, please list the most common spelling variations:

Have you ever legally changed your name? YES NO

If yes please provide: Date: _____ County: _____ Previous Name: _____

Social Security Number: _____ Date of Birth: _____

Place of Birth (city, county, state, country): _____

Driver's License: _____ State: _____ Expiration Date: _____

Please list all other states where you are, or have been licensed to operate a motor vehicle.

State: _____ Name under which license was issued: _____ License #: _____

State: _____ Name under which license was issued: _____ License #: _____

State: _____ Name under which license was issued: _____ License #: _____

Citizenship (circle all applicable): (1) U.S. Citizen (2) Naturalized Citizen (3) Legal Alien

Current Address: _____ Apt. No.: _____

City: _____ State: _____ Zip Code: _____ County: _____

How long have you resided there? _____ Do you own, rent, other? _____

Home Phone: _____ Work Phone: _____ Mobile: _____

Current e-mail address: _____

List all e-mail addresses you have used, including for school and work:

B. Litigation History Overview

1. Have you ever been detained, arrested, or convicted of a felony or misdemeanor, as a juvenile or as an adult? YES NO

If yes, please provide the following information:

Court/Agency: _____

City/State: _____

Docket #: _____

Plaintiff: _____

Defendant: _____

Date Filed: _____

Disposition Date: _____

Charge/Cause of Action: _____

Final Disposition: _____

Explanation: _____

Court/Agency: _____

City/State: _____

Docket #: _____

Plaintiff: _____

Defendant: _____

Date Filed: _____

Disposition Date: _____

Charge/Cause of Action: _____

Final Disposition: _____

Explanation: _____

Please include the same information on an additional sheet if you need more room.

2. Have you ever had a restraining order filed against you? YES NO
If yes, please explain:

Court/Agency: _____

City/State: _____

Docket #: _____

Plaintiff: _____

Defendant: _____

Date Filed: _____

Disposition Date: _____

Charge/Cause of Action: _____

Final Disposition: _____

Explanation: _____

Please include the same information on an additional sheet if you need more room.

3. Have you ever filed a temporary restraining order against anyone? YES NO
If yes, please explain:

Court/Agency: _____

City/State: _____

Docket #: _____

Plaintiff: _____

Defendant: _____

Date Filed: _____

Disposition Date: _____

Charge/Cause of Action: _____

Final Disposition: _____

Explanation: _____

Please include the same information on an additional sheet if you need more room.

4. Have you ever been accused of or charged with domestic violence? YES NO
If yes, please provide details, including dates and jurisdictions and parties involved:

5. Have you ever been accused of or charged with assault? YES NO
If yes, please provide details, including dates and jurisdictions and parties involved:

6. Have you ever been accused of or charged with battery? YES NO
If yes, please provide details, including dates and jurisdictions and parties involved:

7. Have you ever had a warrant issued for your arrest? YES NO
If yes, please provide details, including dates and jurisdictions:

8. Have you ever failed to appear in court for a traffic related matter? YES NO
If yes, please provide details, including dates and jurisdictions:

9. Have you ever failed to appear in court for any other criminal matter? YES NO
If yes, please provide details, including dates and jurisdictions:

10. Do you have any current or outstanding warrants? YES NO
If yes, please provide details, including dates and jurisdictions:

11. As an adult or juvenile, have you ever been detained for a criminal investigation, or named as a suspect in a police report, or held on suspicion, or questioned by any law enforcement agency or military authority, even as a victim or witness? YES NO
If yes, please provide details as to the circumstances in which you were held including dates and jurisdictions:

12. As an adult or juvenile, have you ever been fingerprinted by any law enforcement agency or military authority for a criminal investigation or any other purpose? YES NO
If yes, please provide details, including dates and jurisdictions:

13. Have you ever received a misdemeanor citation? YES NO
If yes, please provide details, including dates and jurisdictions:

14. Have you ever received a traffic citation? YES NO
If yes, please provide details, including dates and jurisdictions:

15. Have you ever been stopped for driving under the influence or for reckless driving? YES NO
If yes, please provide details, including dates and jurisdictions:

16. Have you ever been placed on court probation or parole? YES NO
If yes, please provide details, including dates and jurisdictions:

17. Are you currently on probation or parole? YES NO
If yes, please provide details, including dates and jurisdictions:

18. Have you ever violated probation or parole? YES NO
If yes, please provide details, including dates and jurisdictions:

19. Have you ever been served a subpoena to appear before a grand jury, trial, or regulatory commission for either personal or business reasons? YES NO
If yes, please specify the court, the nature of the appearance, date, and jurisdictions:

20. Have you ever been, or are you now, involved in civil litigation (as a plaintiff/complainant or defendant/respondent)? YES NO
If yes, please provide the following information:

Court/Agency: _____

City/State: _____

Docket #: _____

Plaintiff: _____

Defendant: _____

Date Filed: _____

Disposition Date: _____

Charge/Cause of Action: _____

Final Disposition: _____

Explanation: _____

Court/Agency: _____

City/State: _____

Docket #: _____

Plaintiff: _____

Defendant: _____

Date Filed: _____

Disposition Date: _____

Charge/Cause of Action: _____

Final Disposition: _____

Explanation: _____

Please include the same information on an additional sheet if you need more room.

21. Do you anticipate being involved in civil litigation in the future? YES NO

If yes, please explain:

22. Have you ever had a judgment rendered against you? YES NO

If yes, please explain:

23. Have you ever had a court case sealed? YES NO

If yes, please explain why:

24. Do you have any liens, attachments, or receiverships? YES NO

If yes, please explain:

25. Have you ever been subject to any of the following by any organization? YES NO

expelled suspended disciplined

If yes, please specify the organization, date and the nature of the action taken:

26. Have you ever had your wages attached or garnished? YES NO

If yes, please explain why your wages were attached or garnished:

27. Have you ever had any property repossessed, including voluntary repossessions? YES NO

If yes, please explain:

28. Do you own any guns? YES NO

If yes, please state date purchased, for what purpose, state where gun is licensed, and license number:

C. Family Members and Relatives

During the background investigation, your family and other relatives may be contacted regarding your participation in the project. Please supply the appropriate information in the spaces provided. If a category is not applicable, print N/A in the space provided for the name. If deceased, so indicate.

<u>Name:</u>	<u>Residence Address (including Zip code):</u>	<u>Telephone (including area code):</u>
Father: Occupation: _____	_____ _____	Home: _____ Work: _____
Mother: Maiden Name: Occupation: _____	_____ _____ _____ _____	Home: _____ Work: _____
Stepfather: Occupation: _____	_____ _____	Home: _____ Work: _____
Stepmother: Occupation: _____	_____ _____	Home: _____ Work: _____
Father-in- law: Occupation: _____	_____ _____	Home: _____ Work: _____
Mother-in- law: Occupation: _____	_____ _____	Home: _____ Work: _____
Brother: Occupation: _____	_____ _____	Home: _____ Work: _____
Brother: Occupation: _____	_____ _____	Home: _____ Work: _____
Brother: Occupation: _____	_____ _____	Home: _____ Work: _____
Sister: Occupation: _____	_____ _____	Home: _____ Work: _____
Sister: Occupation: _____	_____ _____	Home: _____ Work: _____
Sister: Occupation: _____	_____ _____	Home: _____ Work: _____

Please provide contact information for three other family members and relatives (uncles, aunts, cousins, etc.)

Name: _____ Address: _____ Home Telephone: _____
 Relationship: _____ Occupation: _____ Work Telephone: _____

Name: _____ Address: _____ Home Telephone: _____
 Relationship: _____ Occupation: _____ Work Telephone: _____

Name: _____ Address: _____ Home Telephone: _____
Relationship: _____ Occupation: _____ Work Telephone: _____

D. Marital Status

1. Are you currently married? YES NO
If yes, please provide the following information for your spouse:
Full name of spouse: _____
Other names used: _____
Date of Birth: _____
Date of marriage: _____
Place of marriage (city, county, state): _____
Employer: _____
Occupation/position: _____
Current address and phone numbers, if not living with you: _____

2. Are you divorced or widowed, or were you in a marriage that was annulled? YES NO
If yes, please specify which and provide the following information for former spouses:
Full name of former spouse: _____
Maiden Name: _____
Date of birth: _____
Age: _____
Date of marriage: _____
Place of Marriage: _____
Employer: _____
Occupation/position: _____
Current or last known address and phone numbers: _____
Date filed for divorce: _____
Is divorce final? _____
How long were you married? _____
Under what circumstances did the marriage end? _____

Full name of former spouse: _____
Maiden Name: _____
Date of birth: _____
Age: _____
Date of marriage: _____
Place of Marriage: _____
Employer: _____
Occupation/position: _____
Current or last known address and phone numbers: _____
Date filed for divorce: _____
Is divorce final? _____

How long were you married? _____

Under what circumstances did the marriage end? _____

If more than two former spouses, please provide the same information on another piece of paper.

3. Do you have any children from a current marriage, previous marriage, or out of wedlock? YES NO

Please identify any children (include step-children, adopted, foster children, etc.)

Name: _____ Sex: Male Female Date of birth: _____
Relationship to you: Natural Step Adopted Foster Living with you: Yes No
Who is the other parent? _____ Who has legal custody? _____

Name: _____ Sex: Male Female Date of birth: _____
Relationship to you: Natural Step Adopted Foster Living with you: Yes No
Who is the other parent? _____ Who has legal custody? _____

Name: _____ Sex: Male Female Date of birth: _____
Relationship to you: Natural Step Adopted Foster Living with you: Yes No
Who is the other parent? _____ Who has legal custody? _____

Name: _____ Sex: Male Female Date of birth: _____
Relationship to you: Natural Step Adopted Foster Living with you: Yes No
Who is the other parent? _____ Who has legal custody? _____

Name: _____ Sex: Male Female Date of birth: _____
Relationship to you: Natural Step Adopted Foster Living with you: Yes No
Who is the other parent? _____ Who has legal custody? _____

4. Have you ever been ordered to pay child support? Yes No
If yes, please specify the circumstances under which the order occurred:

5. Have you ever been required to pay alimony? Yes No

6. Have you ever been delinquent in child support or alimony payments? Yes No
If yes, please explain:

7. Has supervision ever been required with child visitation? Yes No
If yes, please explain:

8. Have you ever been denied visitation rights? Yes No
If yes, please explain:

9. Have you ever consulted a marital counselor, religious counselor or therapist for marital problems? Yes No

If yes, please state when: _____

Who was your counselor? _____

Why did you seek counseling? _____

E. Residences

Current Address: _____ Apt. No.: _____ City, State, Zip: _____

From (month/year): _____ To: _____ With whom do you live? _____

Please list all of your other residences during the last ten years or since the age of fifteen, beginning with the last place you lived. Be sure to include any college residences, providing full street address and roommate information.

Address: _____ Apt. No.: _____ City, State, Zip: _____

From (month/year): _____ To: _____ With whom did you live? _____

Did you own, rent, or other? _____ If owned, do you still currently own? _____

Reason for moving: _____

Address: _____ Apt. No.: _____ City, State, Zip: _____

From (month/year): _____ To: _____ With whom did you live? _____

Did you own, rent, or other? _____ If owned, do you still currently own? _____

Reason for moving: _____

Address: _____ Apt. No.: _____ City, State, Zip: _____

From (month/year): _____ To: _____ With whom did you live? _____

Did you own, rent, or other? _____ If owned, do you still currently own? _____

Reason for moving: _____

Address: _____ Apt. No.: _____ City, State, Zip: _____

From (month/year): _____ To: _____ With whom did you live? _____

Did you own, rent, or other? _____ If owned, do you still currently own? _____

Reason for moving: _____

Address: _____ Apt. No.: _____ City, State, Zip: _____

From (month/year): _____ To: _____ With whom did you live? _____

Did you own, rent, or other? _____ If owned, do you still currently own? _____

Reason for moving: _____

Address: _____ Apt. No.: _____ City, State, Zip: _____

From (month/year): _____ To: _____ With whom did you live? _____

Did you own, rent, or other? _____ If owned, do you still currently own? _____

Reason for moving: _____

Please provide any additional address information on a separate sheet of paper.

Do you own any additional properties?

Yes

No

If yes, please provide the following information:

Address: _____ Apt. No.: _____ City, state, zip: _____

Acquisition date: _____ All current owners: _____

Address: _____ Apt. No.: _____ City, state, zip: _____

Acquisition date: _____ All current owners: _____

Address: _____ Apt. No.: _____ City, state, zip: _____

Acquisition date: _____ All current owners: _____

Please provide any additional property information on a separate sheet of paper.

Please list any additional addresses where you have received mail since the age of fifteen, beginning with the most recent.

Address: _____ Apt. No.: _____ City, State, Zip: _____

From (month/year): _____ To: _____ Reason for receiving mail here: _____

Address: _____ Apt. No.: _____ City, State, Zip: _____

From (month/year): _____ To: _____ Reason for receiving mail here: _____

Address: _____ Apt. No.: _____ City, State, Zip: _____

From (month/year): _____ To: _____ Reason for receiving mail here: _____

F. Employment

Current Employer: _____ Work Telephone: _____

Address: _____ City, state, zip: _____

Job Title: _____ Check One: Full time Part-Time Volunteer Temporary Internship

Dates of employment: From (month/year): _____ To (month/year): _____ Length of employment: _____

Salary: _____ Describe your duties: _____

Supervisor's Name: _____ Work Telephone: _____ Home Telephone: _____

List a co-worker (name, address and telephone number): _____

1. Have you ever been employed under another name?

Yes

No

If yes, list the names used, the employer, and the dates of employment

Name used: _____ Employer: _____ From: _____ To: _____

Name used: _____ Employer: _____ From: _____ To: _____

Name used: _____ Employer: _____ From: _____ To: _____

2. Have you ever left a position under the following circumstances listed below (check appropriate box):

Yes

No

terminated (fired)

laid off

asked to resign from a job or position

If yes, please list the dates, name of employer and details:

3. Have you ever had an extended work absence for any reason other than vacations, including medical reasons, suspension or layoff? Yes No

If yes, please list the dates, name of employer and details.

Employer: _____ Dates of absence: _____

Details: _____

4. Have you ever filed for worker's compensation? Yes No

If yes, please provide the following information:

Employer: _____ Date: _____

Details and result of filing: _____

Employer: _____ Date: _____

Details and result of filing: _____

5. Have you ever been accused by your employer, supervisor or colleague of any of the following listed below: Yes No

improper conduct illegal activity sexual harassment equal employment violations

If yes, please provide the following information:

Employer: _____ Date: _____

Details and result of accusations: _____

6. Have you ever experienced any of the following situations listed below at work? (check appropriate boxes) Yes No

suspended by an employer formal written reprimand verbal warning verbal counseling

If yes, please explain:

Employer: _____ Date: _____

Circumstances: _____

Employer: _____ Date: _____

Circumstances: _____

7. Have you ever been demoted from a position? Yes No

If yes, please explain:

Employer: _____ Date: _____

Circumstances: _____

Please list every other job you have held, including military service, regardless of the length of the employment. Account for all time periods. If you have periods of unemployment list those periods in the spaces provided. Addresses and phone numbers must be complete and accurate.

Name of Employer: _____ Work Telephone: _____
Address: _____ City, state, zip: _____
Job Title: _____ Check One: Full time Part-Time Volunteer Temporary Internship
Dates of employment: From (month/year): _____ To (month/year): _____ Length of employment: _____
Salary: _____ Describe your duties: _____
Supervisor's Name: _____ Work Telephone: _____ Home Telephone: _____
List a co-worker (name, address and telephone number): _____

Name of Employer: _____ Work Telephone: _____
Address: _____ City, state, zip: _____
Job Title: _____ Check One: Full time Part-Time Volunteer Temporary Internship
Dates of employment: From (month/year): _____ To (month/year): _____ Length of employment: _____
Salary: _____ Describe your duties: _____
Supervisor's Name: _____ Work Telephone: _____ Home Telephone: _____
List a co-worker (name, address and telephone number): _____

Name of Employer: _____ Work Telephone: _____
Address: _____ City, state, zip: _____
Job Title: _____ Check One: Full time Part-Time Volunteer Temporary Internship
Dates of employment: From (month/year): _____ To (month/year): _____ Length of employment: _____
Salary: _____ Describe your duties: _____
Supervisor's Name: _____ Work Telephone: _____ Home Telephone: _____
List a co-worker (name, address and telephone number): _____

Name of Employer: _____ Work Telephone: _____
Address: _____ City, state, zip: _____
Job Title: _____ Check One: Full time Part-Time Volunteer Temporary Internship
Dates of employment: From (month/year): _____ To (month/year): _____ Length of employment: _____
Salary: _____ Describe your duties: _____
Supervisor's Name: _____ Work Telephone: _____ Home Telephone: _____
List a co-worker (name, address and telephone number): _____

Name of Employer: _____ Work Telephone: _____
Address: _____ City, state, zip: _____
Job Title: _____ Check One: Full time Part-Time Volunteer Temporary Internship
Dates of employment: From (month/year): _____ To (month/year): _____ Length of employment: _____
Salary: _____ Describe your duties: _____
Supervisor's Name: _____ Work Telephone: _____ Home Telephone: _____
List a co-worker (name, address and telephone number): _____

Name of Employer: _____ Work Telephone: _____
 Address: _____ City, state, zip: _____
 Job Title: _____ Check One: Full time Part-Time Volunteer Temporary Internship
 Dates of employment: From (month/year): _____ To (month/year): _____ Length of employment: _____
 Salary: _____ Describe your duties: _____
 Supervisor's Name: _____ Work Telephone: _____ Home Telephone: _____
 List a co-worker (name, address and telephone number): _____

Name of Employer: _____ Work Telephone: _____
 Address: _____ City, state, zip: _____
 Job Title: _____ Check One: Full time Part-Time Volunteer Temporary Internship
 Dates of employment: From (month/year): _____ To (month/year): _____ Length of employment: _____
 Salary: _____ Describe your duties: _____
 Supervisor's Name: _____ Work Telephone: _____ Home Telephone: _____
 List a co-worker (name, address and telephone number): _____

G. Military Service

1. Are you currently serving or have you ever served in any of the Armed Forces? Yes No
If yes, proceed to question 2. If no, please skip to section H.
 2. Branch of Service: _____ Unit/Occupation: _____
 Date entered service: _____ Discharge Date: _____ Service Number: _____
 Highest rank and grade: _____
If active or current list your commanding officer's name, current address and telephone number:

3. Have you been discharged? Yes No
 Type of discharge (check appropriate box): honorable dishonorable administrative
If yes, please provide a certified copy of your DD214.

4. Are you currently in the Reserves? Yes No

5. Were you ever investigated for any criminal activity while in the military? Yes No
If yes, please explain:

6. Have you ever been the subject of any judicial or nonjudicial disciplinary action while in the military? Yes No
If yes, please explain:

H. Education

1. Have you ever been the subject of any of the following disciplinary actions at school? (check all that apply) Yes No
 academic probation suspended expelled from any school

If yes please provide details:

2. Were you ever in Special Education or enrolled in an IEP or 504 plan? Yes No

Please list each educational institution you have attended, beginning with high school, including any trade, vocational or business school.

Name of school: _____ Address (street, city, state): _____
Major: _____ From (month/year): _____ To (month/year): _____ Did you graduate? Yes No
Degree Received: _____

Name of school: _____ Address (street, city, state): _____
Major: _____ From (month/year): _____ To (month/year): _____ Did you graduate? Yes No
Degree Received: _____

Name of school: _____ Address (street, city, state): _____
Major: _____ From (month/year): _____ To (month/year): _____ Did you graduate? Yes No
Degree Received: _____

I. Medical

1. Have you ever been treated for any serious physical illness? Yes No

If yes, please describe in detail, citing dates, diagnosis and any on-going problems:

2. Do you have any history of physical illness that may have been stress-related, e.g., difficulties with asthma, headaches, digestive problems, nonspecific pain, etc.? Yes No

If yes, please explain:

3. Please list the name, address and telephone number of each of your treating physicians:

Name: _____ Address: _____
Telephone: _____ Fax: _____ Reason for visit: _____

Name: _____ Address: _____
Telephone: _____ Fax: _____ Reason for visit: _____

Name: _____ Address: _____
Telephone: _____ Fax: _____ Reason for visit: _____

4. Have you ever seen a mental health professional? Yes No
 a psychiatrist psychologist counselor
If yes, please provide the following information:

Name: _____ Address: _____ Date of last visit: _____
Tel: _____ Reason for visit: _____
Length of treatment _____

Name: _____ Address: _____ Date of last visit: _____
Tel: _____ Reason for visit: _____
Length of treatment _____

Please detail any further treatments on a supplementary page.

5. Have you ever experienced psychological distress that has interfered with your daily functioning or made it more difficult for you to perform certain tasks? Yes No
If yes, please be specific as to the nature and the extent of the incident:

6. Do you have a history of any psychological disorder or illness, including depression or anxiety? Yes No
If yes, please be specific as to the nature and the extent of the illness:

7. Have you ever received any psychological or psychiatric treatment? Yes No
If yes, please describe in detail, including dates, diagnosis, any hospitalization and on-going problems:

8. Have you ever been prescribed medication for any psychological or psychiatric problems? Yes No
If yes, please list the medication(s), when it was prescribed, duration of treatment, purpose and prescribing doctor:

9. Has anyone in your immediate family (grandparents, aunts, uncles, cousins) had psychological problems including psychiatric disorders, difficulty with alcohol or drugs, or epilepsy? Yes No
If yes, please explain and include whether or not anyone has consulted with a mental health professional or has been hospitalized for the condition:

10. Do you have any history of physical or psychological trauma such as rape, assault, victimizations, accidents, miscarriage, abortion, etc.? Yes No
If yes, please be specific as to the nature and the extent of the incident/trauma:

11. Do you have any history of difficulty controlling anger and/or violent conflicts, including loss of temper, family fights, fights with boyfriends/girlfriends? Yes No

If yes, please explain and also specify whether this was verbal or physical:

12. Do you have any history of risk taking, including dangerous physical activities, drugs or alcohol, sex, legal violations, or impulsive behavior which could have resulted in injury or serious problems? Yes No

If yes, please specify the nature and the extent of the activity or behavior:

13. Have you ever been accused of harassment or abuse of any type? Yes No

If yes, please describe the allegations, state the name and telephone number of the complainant and circumstances surrounding the allegations:

14. Are you now, or have you ever been treated for any alcohol or drug addiction? Yes No

If yes, please describe in detail, citing dates, diagnosis and any on-going problems:

15. Do you use any recreational drugs, e.g. marijuana, cocaine, LSD, methamphetamine, heroin, ecstasy? Yes No

If yes, please provide the following information:

Drug: _____ Frequency of use: _____ Last time you took drug: _____
Drug: _____ Frequency of use: _____ Last time you took drug: _____
Drug: _____ Frequency of use: _____ Last time you took drug: _____

16. Have you used any recreational drugs within the past five years? Yes No

If yes, which drugs and when?

17. When was the last time you used recreational drugs? What type of drugs?

18. Are you currently taking any medication? Yes No

If yes, please describe the medication(s) and reason for taking it:

19. Have you ever abused prescription drugs? Yes No

If yes, which drugs and when?

20. How many times a week do you drink alcohol?

J. Media

1. Have you ever applied to participate in a reality TV show? YES NO
If yes, please provide details, including the name of the show and when you applied:

2. Have you ever been interviewed to participate in a reality TV show? YES NO
If yes, please provide details, including the name of the show and when you applied:

3. Have you ever appeared on a reality TV show, including shows that have never aired? YES NO
If yes, please provide details, including the name of the show, network/production company, and when you participated:

4. Do you know anyone who has ever appeared on a reality TV show? YES NO
If yes, please provide details, including the name of your acquaintance, your relationship, and the name of the show:

5. Have you ever been on television? YES NO
If yes, please provide details, including the name of the show, date, type of show, and network:

6. To your knowledge, will you appear on television within the next 12 months (other than this show)? YES NO
If yes, please provide details, including name of show, type of show, and network:

7. Have you ever been in a film that was released in theaters? YES NO
If yes, please provide details, including name of the film, subject matter, role, and release date:

8. Have you ever been in a film that went straight to video? YES NO
If yes, please provide details, including name of the film, subject matter, role, and release date:

9. Have you ever been in a film that was shown on TV? YES NO
If yes, please provide details, including name of the show, subject matter, role, and air date:

10. Have you ever been in a film that to you knowledge was never shown? YES NO
If yes, please provide details, including name of film, subject matter, and your role:

11. Have you ever been in a commercial? YES NO
If yes, please provide details, including date, name of product, and your role:

12. Have you ever made or appeared in a home video in which you or another person appeared nude or topless (if female)? YES NO
If yes, please provide details, including approximate date, participants' names, and who has any copies of the video:

13. Have you ever made or appeared in a sexually explicit video recording or other sexually provoking video or photo? YES NO
If yes, please provide details, including medium, who was filming/photographing, who appears in the recording, and who retains copies of the recording:

14. Have you ever been asked to pose nude or topless (if female) for photographs? YES NO
If yes, please explain:

15. Have you ever been photographed in lingerie? YES NO
If yes, please explain:

16. Have you ever been photographed nude or topless (if female) for private use? YES NO
If yes, please explain:

17. Have you ever been photographed nude or topless (if female) for public distribution (e.g., magazines, websites)? YES NO
If yes, please explain, including if the photos were ever published and if so, where and when:

18. Have you ever appeared on a webcast? YES NO
If yes, please explain why and in what context:

19. Have you ever appeared in a magazine? YES NO
If yes, please explain, including the name of the magazine and approximate issue date:

20. Please list all websites on which your name, likeness, or alias appears, including Myspace, YouTube, FaceBook, employer websites, and modeling websites:

21. Please list all aliases, logins, or handles you have used on any websites:

22. List all websites registered in your name:

23. Do you have a blog? Yes No
If yes, please provide the URL:

24. Do you subscribe to any Internet user groups? Yes No
If yes, please list:

25. Have you ever been quoted or mentioned in an article? Yes No
If yes, please list article title, source, date, and subject matter:

K. Finances

1. Have you ever filed for or been granted bankruptcy? Yes No
If yes, please provide the date and explain the circumstances:

2. Have you ever been delinquent on income tax payments? Yes No
If yes, how many times? Please provide the dates, reasons, and current status:

3. Have you ever had your wages attached or garnished? Yes No
If yes, please explain:

4. Have you ever had any of your bills, accounts, or loans turned over to a collection agency? Yes No
If yes, please explain:

5. Have you ever had any purchased goods, vehicle, property or any items repossessed, including voluntary repossessions? Yes No
If yes, please explain:

6. Have you been refused credit in the past five years? Yes No
If yes, please explain:

7. Are you currently or have you ever been an owner, partner, or investor in any business enterprise? Yes No
If yes, please provide the following information:

Name of business: _____ Business address: _____
 Telephone number: _____ City, State, Zip code: _____
 Business role: _____ Length of involvement: _____

Name of business: _____ Business address: _____
 Telephone number: _____ City, State, Zip code: _____
 Business role: _____ Length of involvement: _____

Please provide the following information:

Current Income:

Current annual salary: _____ Current monthly salary: _____
 Spouse's salary: _____ List all other income and source: _____
 Total annual income: _____ Total monthly income: _____

Current Assets:

Total Savings: _____ Checking: _____ CDs, etc: _____
 Current value of any real estate ownership: _____ Stocks and bonds: _____
 Automobile(s): _____ Other assets? _____

L. Miscellaneous

1. Are you affiliated with any organizations? Yes No
If yes, please list name and purpose of each organization:

2. Why are you interested in participating in this project?

3. Have you thought about the potential impact of participating in the project? Yes No

4. What do you think your family and friends will learn about you?

5. What do you think the potential risks of your participation in this project might be?

6. Is there anything else in your past and background that would cause embarrassment or other harm to you, The Network, or the show? Yes No
If yes, please explain:

M. References

Please list five personal references (not related to you) that we may contact. Note that you will not be identified as a potential project participant. If applying with a partner please list separate references.

Name:	_____	Address:	_____	Home:	_____
Relationship:	_____		_____	Work:	_____
Name:	_____	Address:	_____	Home:	_____
Relationship:	_____		_____	Work:	_____
Name:	_____	Address:	_____	Home:	_____
Relationship:	_____		_____	Work:	_____
Name:	_____	Address:	_____	Home:	_____
Relationship:	_____		_____	Work:	_____
Name:	_____	Address:	_____	Home:	_____
Relationship:	_____		_____	Work:	_____

Please list five professional references that we may contact:

Name:	_____	Address:	_____	Home:	_____
Relationship:	_____		_____	Work:	_____
Name:	_____	Address:	_____	Home:	_____
Relationship:	_____		_____	Work:	_____
Name:	_____	Address:	_____	Home:	_____
Relationship:	_____		_____	Work:	_____
Name:	_____	Address:	_____	Home:	_____
Relationship:	_____		_____	Work:	_____
Name:	_____	Address:	_____	Home:	_____
Relationship:	_____		_____	Work:	_____

PLEASE READ, SIGN AND DATE THE FOLLOWING STATEMENT:

I hereby acknowledge that (1) I have answered the previous questions honestly, accurately and to the best of my ability and knowledge, (2) if any of the information is found to be false or incomplete this will be grounds for my dismissal from the selection process, (3) the producers are not obligated to select me, (4) even if I am selected the producers have no obligation to broadcast my participation in the project, (5) all decisions by the producers concerning the selection of participants are not subject to challenge or appeal.

Date: _____

Print Name: _____

Signature: _____

