

Youth Services Criminal Record Check Request

This request must be completed and submitted by all applicants for employment or volunteer/intern services. The information solicited on this request shall be used only as an investigative and identification aid to evaluate suitability for appointment or volunteer/intern services with this unit. Written consent must be given for release of information contained herein, provided that if the investigation discloses participation in criminal acts, unlawful or illegal activities, this guarantee of confidentiality is null and void.

- Annual Review Pre-Employment
 Special Agent Status Volunteer/Intern

PLEASE PRINT OR TYPE

Name: (First, Middle, Last) _____

List any other names you have used: _____

SS#: _____ Height: _____ Weight: _____ Hair Color: _____ Eye Color: _____

Date of Birth: _____ Place of Birth: _____ Gender: _____ Ethnic Origin: _____

If additional space is required to complete answering a question, use *the reverse* side of this form.

List current and previous home addresses for the past ten years in chronological order. Account for all time.

| Date (Mo/Yr) | Address |
|--------------|---------|
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |

| | | | | |
|--|---------------------|--------|--------------|------------------|
| Do you possess a valid driver's license? ____ Yes ____ No | Driver's License #: | State: | Date Issued: | Expiration Date: |
|--|---------------------|--------|--------------|------------------|

Have there been any judgments against you as a result of an accident? _____ Yes ____ No

Have you had your driver's license suspended or revoked? _____ Yes ____ No

Have you ever been arrested or convicted of any law violation, including federal or state fish and game Laws? (Exclude minor traffic violations) _____ Yes ____ No

Have you ever been on Probation or Parole? _____ Yes ____ No

Explain "Yes" answers below: give details, reasons, dates, locations, etc. (If you need additional space, use the reverse side of this form.)

Place of employment and address:

| | | | | |
|--|---------|-------------------|------------------------|---|
| Have you served in the military? ____ Yes ____ No | Branch: | Dates of Service: | Highest Rank Attained: | Type of Discharge: <i>(Attach copy of DD214)</i> |
|--|---------|-------------------|------------------------|---|

List any organizational affiliation to which you belong and include full name and address. (Exclude any church organizations.)

| | |
|--|--|
| Have you ever worked for a law enforcement-related agency? ____ Yes ____ No | If yes, give locations and dates. If rejected, give date you applied and reasons for rejections, if known: |
|--|--|

List three persons who may be contacted for professional and/or character references:

| | | | | |
|---|------|---------|-------------|---------------------|
| 1 | Name | Address | Telephone # | Place of Employment |
| 2 | Name | Address | Telephone # | Place of Employment |
| 3 | Name | Address | Telephone # | Place of Employment |

I certify that the information I have provided herein is complete and true to the best of my knowledge. I know that any misrepresentation herein may cause my application to be rejected, my name removed from consideration for employment or volunteer/intern services or subject me to dismissal from state service.

Applicant's Signature Date

For Office Use Only

TAC Signature / Date

Facility Director Signature/Date
 Approve Disapprove