

The following information is required to complete the background investigation (please print):

| | | | |
|---|----------------------------|-------------------|------------------------------|
| FIRST NAME | MIDDLE NAME | LAST NAME | |
| OTHER NAMES USED (INCLUDING MAIDEN NAME) | | | |
| SOCIAL SECURITY NUMBER | DATE OF BIRTH (MM/DD/YYYY) | GENDER | RACE |
| _____ - _____ - _____ | ____ / ____ / _____ | | |
| INFORMATION FOR MOTOR VEHICLE RECORD CHECK (IF REQUIRED) – ATTACH COPY OF DRIVER’S LICENSE: | DRIVER’S LICENSE NUMBER | STATE LICENSED IN | EXPIRATION DATE (MM/DD/YYYY) |
| | | | ____ / ____ / _____ |

CURRENT AND PREVIOUS ADDRESSES (WHERE YOU HAVE RESIDED FOR TWO CONSECUTIVE YEARS)

| | | | |
|---|------|-------|----------|
| CURRENT STREET ADDRESS (NO P.O. BOXES) | CITY | STATE | ZIP CODE |
| | | | _____ |
| PREVIOUS STREET ADDRESS (NO P.O. BOXES) | CITY | STATE | ZIP CODE |
| | | | _____ |
| PREVIOUS STREET ADDRESS (NO P.O. BOXES) | CITY | STATE | ZIP CODE |
| | | | _____ |

Have you ever been convicted of a misdemeanor or felony crime?

Please check one: No Yes

(A criminal conviction does not necessarily disqualify an applicant for employment consideration. Making untrue statements or otherwise failing to report criminal conviction(s) will disqualify an applicant for consideration of this position for falsification of an application.)

If **Yes**, list the date, location (county and state), and offense for **all** misdemeanor and felony **convictions** regardless of how minor or how long ago they occurred. Attach additional pages if needed.

| | | |
|---------------------|-------------------------|---------|
| DATE OF CONVICTION | LOCATION (COUNTY/STATE) | OFFENSE |
| ____ / ____ / _____ | | |
| DATE OF CONVICTION | LOCATION (COUNTY/STATE) | OFFENSE |
| ____ / ____ / _____ | | |
| DATE OF CONVICTION | LOCATION (COUNTY/STATE) | OFFENSE |
| ____ / ____ / _____ | | |

SIGNATURE:

DATE: ____ / ____ / _____

If under the age of 18, parent/guardian signature required:

| | | |
|-----------------------------|------------------------------|----------------------------|
| SIGNATURE – PARENT/GUARDIAN | PRINT NAME – PARENT/GUARDIAN | DATE OF BIRTH (MM/DD/YYYY) |
| | | ____ / ____ / _____ |

TO BE COMPLETED BY DEPARTMENT CONTACT – THIS PERSON WILL BE NOTIFIED OF RESULTS

| | | | | |
|---|---|---------------|---------------|--|
| NAME | DEPARTMENT NAME | EMAIL ADDRESS | | |
| ACCOUNT NUMBER | DEPARTMENT # | POSITION # | JOB OPENING # | |
| EMPLOYEE STATUS: | ADDITIONAL OPTIONS | | | |
| <input type="checkbox"/> Permanent <input type="checkbox"/> Temporary <input type="checkbox"/> Student <input type="checkbox"/> Volunteer <input type="checkbox"/> Intermittent | <input type="checkbox"/> Motor Vehicle Record Check | | | |