

Section I (To be completed by Manager or designee)

Division _____ Section _____
 Manager Name _____ Phone # _____

| | | |
|---------|---------------|-----------|
| Purpose | Employment | Intern |
| | Investigation | Volunteer |

Section II (Completed by Applicant/Employee)

Information is used for criminal history verification purposes. Only authorized employees and hiring authorities have access to submitted information.

Full Name Last _____ First _____ Middle _____
 Maiden _____ ALL previously used last names _____
 Race/Ethnic Origin _____ Description of "Other" _____
 Date of Birth _____ Full SSN _____ Driver's License State _____ Number _____
 Place of Birth City _____ State _____ High School City _____ State _____
 Female _____
 Male _____ Height: Feet _____ Inches _____ Weight _____ Color of: Hair _____ Eyes _____
 List/describe all scars/tattoos/marks (If none, enter N/A)

NOTE: Enter **CURRENT ADDRESS** in the first line of the table below. If you have lived at your "Current Address" for less than five (5) years, you **must** enter all previous addresses to cover a minimum of five (5) years. If additional space is required, enter the information on the back of this form.

| Street | City | State | Zip | County |
|--------|------|-------|-----|--------|
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I verify that the information provided is true, accurate and complete to the best of my knowledge.

Signature _____ Date _____

Section III (DCI Operator Use Only)

Date of Request _____

Clean Record - No convictions / No traffic violations
 Clean Record other than Minor traffic violations (list below).

DCI Operator's Name _____

Possible Record Pending Unserved Disposed

SID # _____ FBI# _____

Date DCI Completed _____