

## REQUEST FOR CRIMINAL RECORDS CHECK AND AUTHORIZATION

**Important: This section must be completed by every applicant regardless of criminal record.**

I hereby request and authorize the release of any information which pertains to any record of convictions contained in law enforcement files or in any criminal file maintained on me whether local, state or national. I hereby release local, state and national law enforcement agencies from any and all liability resulting from such disclosure. I further acknowledge that if a criminal background check is conducted as may be required under the federal Child Abuse Prevention and Treatment Act, I may be denied access to children while the application is pending. I further understand that in accordance with this law, if I am denied a position because of a conviction which appears as a result of such search, I may challenge such information.

Signature: \_\_\_\_\_ Today's date: \_\_\_\_\_

Print full name: \_\_\_\_\_

Print maiden name (if applicable) \_\_\_\_\_

Print all aliases: \_\_\_\_\_

Home phone number: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Date of birth: \_\_\_\_\_ Place of birth: \_\_\_\_\_

Driver's license number and state: \_\_\_\_\_ state: \_\_\_\_\_

Social security number: \_\_\_\_\_