

**CRIMINAL BACKGROUND CHECK AUTHORIZATION**



**TO BE COMPLETED BY APPLICANT**

NAME AS IT APPEARS ON SOCIAL SECURITY CARD (Last, First, Middle)			Social Security Number	
Former names used, including Maiden Name				
Residence Address (Number and Street)		City	State	Zip
Email address		Telephone number		
Race	Gender	Date of Birth	Driver License Number & Issuing State	

**RESIDENCY INFORMATION** List all places of residence since the age of 18. Attach extra pages if needed.

City	State	County	Country
City	State	County	Country

**CONVICTION RECORD** Attach additional pages as necessary

Have you ever been convicted or plead guilty before a court for any federal, state or municipal criminal offense?    Yes    No

Have you ever received deferred adjudication or similar disposition for any federal, state or municipal offense?    Yes    No

Have you ever received pretrial diversion or similar disposition for any federal, state or municipal offense?    Yes    No

Have you ever received probation or community supervision for any federal, state or municipal offense?    Yes    No

Have you been convicted of any criminal offense in a country outside the jurisdiction of the U.S.?    Yes    No

As of the date of this consent form, do you have any pending charges against you?    Yes    No

**If you answered yes to any of the questions above, provide details below. Attach extra pages if needed.**

STATE	COUNTY	DATE OF OFFENSE	DETAILS

**INTERNSHIP INFORMATION**

Organization		
Contact Person	Phone	Email
Faculty Contact	Phone	Email

**ACKNOWLEDGEMENT AND CONSENT**

I hereby certify that all information provided by me on this form is true, complete, and correct. I understand that any false statements made herein may void my application for employment, be ground for termination from the agency and affect my eligibility for future employment with the agency.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date