



# INTERN BACKGROUND CHECK FORM

All information must be filled out. Please Print Legibly.

Name: \_\_\_\_\_  
Last First Middle

AKA's: \_\_\_\_\_  
(Any other names ever used.)

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

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Birth Date: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Driver's License Number//State//Expiration Date: \_\_\_\_\_

Commander/Manager's Signature: \_\_\_\_\_

Date Submitted: \_\_\_\_\_

**DO NOT WRITE BELOW THIS LINE**  
*For Records Use Only*

Please check as completed and attach applicable info to this form:

- CCIC/NCIC (Criminal History)
- WARRANTS
- DRIVER'S LICENSE
- UNABLE TO VERIFY IDENTITY
- APPLICATION
- PERSON HISTORY STATEMENT
- INTERVIEW
- COVER LETTER
- RESUME
- TRANSCRIPT
- LETTER OF RECOMMENDATION

Signature of Person Completing Background Check

Date Completed

**\*\*\* Return to Deputy Bailey Herrera \*\*\***

