



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 Connor Bell *****