



BACKGROUND CHECK REQUEST FORM

Reason for Request						
Last Name			First Name		Middle Name	
Street Address			City	State	Zip Code	
Race	Gender	Home Phone		Cell Phone	Work Phone	
Height	Weight	Eyes	Hair	Criminal Record? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Last 5 Numerals Of Social Security Number			Driver's License Number And State			
Date Of Birth		Place Of Birth (City/County/State/Country)				
Any Other Names Used (Including Maiden Names)						

If you answered yes to Criminal Record, list all charges, arrests and/or convictions and the outcome regardless of how long ago below. (Attach additional pages if needed.)

	Date (or estimate)	List each charge, arrest or conviction	Drug	County	State	Outcome
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						

I hereby certify that I am the above named individual and that the information provided is true and correct. I understand that a criminal records check will be completed on me. My signature below authorizes the Keizer Police Department to request and receive any juvenile, police, court or

investigation reports needed to complete this background check. In the event disqualifying information is discovered, and you disagree, you may contact Oregon State Police/Identification Service Section/Public Records Unit at 503-378-3070.

I hereby release the City of Keizer, the Keizer Police Department and its officers, agents and elected officials from any and all liability or damage that may result from the background check and/or furnishing the information requested. I hereby release the City of Keizer, the Keizer Police Department and its officers, agents and elected officials from any and all claims should I be disqualified from volunteering as requested hereunder based on information of an adverse nature.

ORIGINAL SIGNATURE

Printed Full Name

Date

OFFICE USE ONLY

Criminal Record Found

No Criminal Record Found

Date: _____ Initials _____