

CRIMINAL HISTORY RECORD CHECK

(To be completed AFTER position has been offered to potential employee.)

COMPLETE FULL NAME *(should match social security card exactly – i.e, Samuel Jonathan Doe)*

First Middle Last

POSITION APPLYING FOR: _____

Social Security Number Date of Birth (month/day/year)

Current Address City State Zip Code

Phone number

WAIVER

I hereby give permission to the City of Dubuque, Iowa, to conduct a criminal history record check as allowed by law.

Signature

Today's Date

OFFICE USE ONLY

SUBMITTED BY (staff name) _____

Circle expense code:

All Recreation Division 10034100 – 62717

Multicultural Family Ctr 10034600 – 62717

Date entered: _____

Authorized by: _____

Date completed: _____

Accepted _____ ALERT _____