

REQUEST FOR CRIMINAL HISTORY INFORMATION

REQUESTING AGENCY:

COMPANY NAME

DATE

REQUESTED BY

TITLE

APPLICANT OF INQUIRY:

Applicant's Name

Last

First

Middle

Alias/Maiden Name

Date of Birth: ____ / ____ / 19 ____

Sex: ____ Male ____ Female

Social Security Number: ____ - ____ - ____

Driver's License Number/ State: _____ / _____

I authorize Paratransit, in addition to my employer, to investigate my criminal history, which is required pursuant to performing duties under their contract. I hereby release from liability Paratransit Services and its representatives for seeking such information and all other persons, corporations, organization for furnishing such information.

Applicant Signature _____ **Date** _____

FOR OFFICE USE ONLY:

Date Request Received: _____ Date Request Submitted: _____

Date Record Received: _____ Date Record Returned to Agency: _____

Applicant ____ is/ ____ is not qualified. Record attached. Performed by: _____