



## CRIMINAL HISTORY FORM

DMS MUST REVIEW YOUR CRIMANL HISTORY TO DETERMINE IF YOU ARE ELIGIBLE FOR EMPLOYMENT. YOU MUST COMPLETE THIS FORM, IF YOU HAVE NEVER BEEN CONVICTED PLEASE WRITE N/A. THIS FORM STATES THAT YOU GIVE YOUR PERMISSION FOR A BACKGROUND CHECK. YOUR APPLICATION WILL NOT BE PROCESSED UNTIL THIS FORM IS COMPLETED.

NAME: \_\_\_\_\_ SOCIAL SECURITY NUMBER: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_

ZIP CODE: \_\_\_\_\_ PHONE: \_\_\_\_\_ DOB: \_\_\_\_\_

COUNTY AND STATE OF CONVICTION OR DEFERRED ADJUDICATION: \_\_\_\_\_

DATE OF CRIME: \_\_\_\_\_ COURT: \_\_\_\_\_

DATE OF CONVICTION OR DEFERRED ADJUDICATION: \_\_\_\_\_

EXACT CRIME YOU WERE CONVICTED OF OR RECEIVED A DEFERRED ADJUDICATION FOR: \_\_\_\_\_

WHAT WAS THE NATURE OF THE CRIME? \_\_\_\_\_

SENTENCE OR ACTION IMPOSED BY THE COURT: ( EXAMPLE: SIX MONTHS IN COUNTY JAIL ) \_\_\_\_\_

ARE YOU CURRENTLY ON PAROLE? \_\_\_\_\_ YES / NO

ARE YOU ON PROBATION? \_\_\_\_\_ YES / NO

IF YES, LIST YOUR REPORTING OFFICERS' NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

BY SIGNING BELOW, I AFFIRM I AM THE APPLICANT COMPLETING THIS FORM AND UNDERSTAND THAT IF I FAIL TO PROVIDE FULL AND ACCURATE INFORMATION, THE EMPLOYMENT COULD BE DENIED OR DELAYED.

APPLICANT: \_\_\_\_\_

DATE: \_\_\_\_\_