

**CHESTERFIELD COUNTY
POLICE DEPARTMENT**
*Release of Information
Criminal Record Check*

	CONTROL NUMBER
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APPLICANT REQUEST – CHOOSE ONLY ONE

USE THIS FORM FOR:

- CO-SPONSORED COACHES
- FIRE/EMS VOLUNTEERS
- COUNTY EMPLOYMENT
- PROSPECTIVE COUNTY EMPLOYEES
- SOCIAL SERVICE APPLICANTS
- COUNTY VOLUNTEERS
- SOLICITOR/PERMITS

Co-Sponsored League Or Association	
Coaches Card Renewal: (Current Card Number)	
FIRE/EMS VOLUNTEER Fire Station # or Rescue Squad	
COUNTY EMPLOYMENT Employee: Position or Promotion	
Social Services Request <input type="checkbox"/>	Other: Please Specify

APPLICANT'S PERSONAL INFORMATION

Last Name (With Suffix)		First Name		Full Middle Name	
Maiden Name		Gender <input type="checkbox"/> Male <input type="checkbox"/> Female		Race	
Height 'Feet "Inches		Weight Pounds		Social Security Number	
Eye Color		Hair Color			
Date of Birth		State of Birth		COUNTRY OF BIRTH	
Street Address					
City, State & Zip Code					
Home Telephone		Work Telephone		Cellular Telephone	

AUTHORIZATION TO OBTAIN BACKGROUND INFORMATION

I, the applicant, hereby authorize Chesterfield County to obtain records related to me, if any, from criminal justice agencies. I understand that the information released is for "OFFICIAL USE" by Chesterfield County for the sole purpose of determining my eligibility to: volunteer, be employed, be promoted or transferred, or for Social Services application and may be disclosed to other persons only as necessary to determine my eligibility. I understand that failure to provide all or part of the information may result in my disqualification for volunteerism, employment and or application considerations with Social Services. This release shall be effective on the date of its execution and will expire upon completion of my criminal record check.

Applicant's Signature

Today's Date

Do Not Write or Mark In The Area Below

TCN: • •