

# **CONSENT FOR CRIMINAL BACKGROUND CHECK**

## **Personal Information:**

Name: \_\_\_\_\_  
  Last  First  Middle

Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Social Security No.: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Driver's License No.: \_\_\_\_\_ State DL Issued In: \_\_\_\_\_

## **Maiden or Other Name(s) Used:**

Name: \_\_\_\_\_  
  Last  First  Middle

Name: \_\_\_\_\_  
  Last  First  Middle

Name: \_\_\_\_\_  
  Last  First  Middle

I hereby give my permission for the City of Pine Bluff to obtain information relating to my criminal history through the Pine Bluff Police Department, the District Courts of Jefferson County, the State and Nation. The criminal history record may include arrest and conviction data as well as plea bargains and deferred adjudications. I understand that this information will be used, in part, to determine my employment eligibility with the City of Pine Bluff.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

