Hamilton County Emergency Communications District
Request for Criminal History Check

Full Legal Name: _____ Sex: ☐ Female ☐ Male
(last, first, middle)

Current Address: _____
(street number and street name)

_____
(city, state, zip)

Date of Birth: _____ Place of Birth: _____
(city, state, county)

Race: ☐ Black/African American ☐ White/Caucasian ☐ Native American ☐ Asian
☐ Hispanic/Latin - Non-White ☐ Hispanic/Latin - White ☐ Other

Height: _____ Weight: _____ Hair Color: _____ Eye Color: _____

Driver's License Number/State: _____ SSN: _____

Any other names (maiden, previous married, NOT nicknames): _____

_____

States of residence as an adult: _____

_____

Note: *Data is gathered only for the criminal history check. Certain offenses may, by law, disqualify an applicant from having access to sensitive data.*

****DISTRICT USE ONLY****

Reason for request: _____

Criminal History Results indicate:

☐ No Criminal History Found

☐ Criminal History Found – not disqualifying

☐ Criminal History Found – disqualifying (see attached ***if applicable***)

_____ _____
Background Investigator Date