



## Criminal Records/Background Check

Please **PRINT** or **TYPE** the following information fully and completely.

Name \_\_\_\_\_  
Last First Middle Jr./Sr. etc.

Former, maiden or other names used \_\_\_\_\_

SSN \_\_\_\_\_ Date of Birth \_\_\_\_\_

### Current Address

Street Address/PO Box \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

### Former Addresses

Street Address/PO Box \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Street Address/PO Box \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Street Address/PO Box \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

This Criminal/Background Records Check document, signed by the applicant, will serve as written consent to check any criminal/background records by the City of Hollister. All information obtained is confidential

I understand that checking this box constitutes my legal signature confirming that I acknowledge and agree to the stated terms.

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

\_\_\_\_\_  
Date

Results/Comments (Office Use)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date