HCJPD CRIMINAL CHECK FORM

(Please PRINT)

❒ Existing Intern/Volunteer/Vendor

DATE: _____ SENT BY: CROSSROADS/_____

(Name and Program/Organization)

TO BE COMPLETED BY APPLICANT:

FULL NAME: _____ Placement Site: NA

First Middle Last

Street Address: _____

City, State, Zip Code: _____

Date of Birth: _____ Sex: _____

Social Security #: _____ - ___ - _____ ID# or DL# and State: _____

Home # of Applicant: _____ Other #: _____

PROBATION OFFICE USE ONLY:

I certify that a records check has been completed on the above listed person.
I find them to be:

_____ ACCEPTABLE _____UNACCEPTABLE

_____ _____

Date Signature of person completing check