



200 W BOONESLICK
 WARRENTON, MO 63383
 (636) 456-3535
 fax (636) 456-8135

REQUEST FOR CRIMINAL RECORD CHECK

PLEASE PRINT OR TYPE

APPLICANT INFORMATION

NAME	LAST	FIRST	MIDDLE	JR/SR
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MAIDEN/ALIAS	LAST	FIRST	MIDDLE	JR/SR
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SEX <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	DATE OF BIRTH (MM/DD/YYYY)	SOCIAL SECURITY NUMBER	RACE <input type="checkbox"/> BLACK <input type="checkbox"/> INDIAN <input type="checkbox"/> OTHER <input type="checkbox"/> WHITE <input type="checkbox"/> ASIAN
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ADDRESS	STREET - PO BOX	CITY	STATE	ZIP CODE
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PURPOSE FOR REQUEST

EMPLOYMENT OTHER (SPECIFY) _____

LICENSING

I (Print Full Name) _____ hereby certify that all statements made on or in connection with this application are true and complete to the best of my knowledge and belief. I understand and agree that any mis-statements or omission of material facts will cause forfeiture on my part to all rights of employment or revocation of license by the City of Warrenton.

I (Print Full Name) _____ hereby authorize the City of Warrenton Police Department make a search to see whether or not I have any record of arrest and/or convictions anywhere in the United States, and that information can be given to the Director of Operations, Human Resources, Licensing personel, as well as the Mayor of the City of Warrenton to become part of my file.

Photo static or Xerox copy of this authorization shall be considered as effective as the original.

THIS AUTHORIZATION, APPLICATION, AND ALL DOCUMENTS SUBMITTED BECOME THE PROPERTY OF THE CITY OF WARRENTON AND WILL NOT BE RETURNED.

 (Signature of Applicant)

 (Date)