



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

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)