



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