

CRIMINAL RECORDS INQUIRY

<i>(POLICE DEPT. USE ONLY)</i> TO:	FROM: CRIMINAL INVESTIGATIONS HENDERSON VILLE POLICE DEPT. P.O. BOX 541 HENDERSONVILLE, TN. 37077-0541 PHONE NO. (615) 264-5303
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PERSONAL INFORMATION

FULL NAME: _____ RACE: _____ SEX: _____ D.O.B.: _____

DRIVER'S LICENSE # _____ STATE: _____

THE ABOVE NAMED PERSON APPLIED WITH OUR DEPARTMENT AND AUTHORIZED AND REQUESTED A CRIMINAL AND TRAFFIC RECORD HISTORY FOR OUR BACKGROUND INVESTIGATION. THIS WOULD INCLUDE FELONIES, MISDEMEANORS, MISDEMEANOR CITATIONS, CRIMINAL SUMMONS, TRAFFIC AND PARKING CITATIONS, TRAFFIC ACCIDENTS, AND REPORTS OF ANY NATURE. THIS IS FOR EMPLOYMENT PURPOSES WITH THIS LAW ENFORCEMENT AGENCY ONLY. PLEASE FORWARD THIS AT YOUR EARLIEST CONVENIENCE. IF APPLICANT DOES HAVE A CRIMINAL RECORD, PLEASE ATTACH COPIES OF ALL AVAILABLE DOCUMENTATION. YOUR ASSISTANCE IN THIS MATTER IS GREATLY APPRECIATED.

RECORD CHECK (USE REVERSE SIDE IF NECESSARY)

NEGATIVE	[]	POSITIVE	[]
CHARGES	DATE	DISPOSITION	LOCATION

RELEASE FROM LIABILITY

I RESPECTFULLY REQUEST AND AUTHORIZE YOU TO FURNISH THE HENDERSONVILLE POLICE DEPARTMENT ANY AND ALL INFORMATION THAT YOU HAVE CONCERNING ME, MY WORK RECORD, MY SCHOOL RECORD, MY REPUTATION, MY FINANCIAL AND CREDIT STATUS, AND MY CRIMINAL RECORD. THIS INFORMATION IS TO BE USED TO ASSIST THE HENDERSONVILLE POLICE DEPARTMENT IN DETERMINING MY QUALIFICATIONS AND FITNESS FOR THE POSITION I AM SEEKING WITH THE HENDERSONVILLE POLICE DEPARTMENT. I HEREBY RELEASE YOU, YOUR ORGANIZATION, OR OTHERS FROM ANY LIABILITY OR DAMAGE, WHICH MAY RESULT FROM FURNISHING THE INFORMATION REQUESTED ABOVE.

APPLICANT SIGNATURE _____ DATE _____ ADDRESS (NUMERICAL, STREET, CITY, STATE, ZIP) _____

NOTARY ACKNOWLEDGEMENT

STATE OF _____ COUNTY OF _____

PERSONALLY APPEARED BEFORE ME, THE UNDERSIGNED NOTARY PUBLIC FOR SAID COUNTY AND STATE, _____, TO ME KNOWN (OR PROVED TO ME ON THE BASIS OF SATISFACTORY EVIDENCE) TO BE THE PERSON WHO EXECUTED THE WITHIN INSTRUMENT FOR THE PURPOSES HEREIN CONTAINED.

WITNESS MY HAND, AT OFFICE, THIS _____ DAY OF _____, 20____.

NOTARY PUBLIC

MY COMMISSION EXPIRES _____

EMPLOYMENT APPLICATION VERIFICATION

(POLICE DEPT. USE ONLY) TO:	FROM: CRIMINAL INVESTIGATIONS HENDERSONVILLE POLICE DEPARTMENT P. O. BOX 541 HENDERSONVILLE, TN 37077-0541 (615) 264-5303
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PERSONAL INFORMATION		
APPLICANT NAME:	D.O.B.	
RACE:	SEX:	S.S.N.

THE APPLICANT ABOVE APPLIED WITH OUR AGENCY AND INDICATED THAT HE/SHE HAD APPLIED WITH YOUR AGENCY ON THE ABOVE DATE. WE ARE REQUESTING THAT YOU PROVIDE INFORMATION REGARDING APPLICANT'S STATUS WITH YOUR AGENCY. PLEASE CHECK OFF THE FORM BELOW AND RETURN IT IN THE ENVELOPE PROVIDED AS SOON AS POSSIBLE. (USE REVERSE SIDE TO EXPLAIN, IF NECESSARY.)

<input type="checkbox"/> APPLIED ONLY <input type="checkbox"/> TESTED _____ STANDING _____ <input type="checkbox"/> STILL IN PROCESS, WHAT STEP? <input type="checkbox"/> RECOMMENDED <input type="checkbox"/> NOT RECOMMENDED, WHY?	<input type="checkbox"/> NOT CONSIDERED, WHY? <input type="checkbox"/> FORMER OR PRESENT EMPLOYEE <input type="checkbox"/> FAVORABLE POLYGRAPH <input type="checkbox"/> UNFAVORABLE POLYGRAPH <input type="checkbox"/> OTHER (USE REVERSE SIDE TO EXPLAIN, IF NECESSARY)
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SIGNATURE OF RELEASING PERSONNEL	NAME	AND TITLE (PRINTED)	PHONE NUMBER
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RELEASE FROM LIABILITY

I RESPECTFULLY REQUEST AND AUTHORIZE YOU TO FURNISH THE HENDERSON VILLE POLICE DEPARTMENT ANY AND ALL INFORMATION THAT YOU HAVE CONCERNING ME, MY WORK RECORD, MY SCHOOL RECORD, MY REPUTATION, MY FINANCIAL AND CREDIT STATUS, AND MY CRIMINAL RECORD. THIS INFORMATION IS TO BE USED TO ASSIST THE HENDERSONVILLE POLICE DEPARTMENT IN DETERMINING MY QUALIFICATIONS AND FITNESS FOR THE POSITION I AM SEEKING WITH THE HENDERSON VILLE POLICE DEPARTMENT.

I HEREBY RELEASE YOU, YOUR ORGANIZATION OR OTHERS FROM ANY LIABILITY OR DAMAGE, WHICH MAY RESULT FROM FURNISHING THE INFORMATION REQUESTED ABOVE.

APPLICANT SIGNATURE	DATE	ADDRESS (NUMERICAL, STREET, CITY, STATE, ZIP)
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NOTARY ACKNOWLEDGEMENT

STATE OF _____ COUNTY OF _____

PERSONALLY APPEARED BEFORE ME, THE UNDERSIGNED NOTARY PUBLIC FOR SAID COUNTY AND STATE, _____, TO ME KNOWN (OR PROVED TO ME ON THE BASIS OF SATISFACTORY EVIDENCE) TO BE THE PERSON WHO EXECUTED THE WITHIN INSTRUMENT FOR THE PURPOSES HEREIN CONTAINED.

WITNESS MY HAND, AT OFFICE, THIS _____ DAY OF _____, 20____.

NOTARY PUBLIC	
MY COMMISSION EXPIRES _____	

