



NC Department of Public Safety Criminal History Record Check

Section I (To be completed by Manager or designee)

Division _____ Section _____

Manager Name _____ Phone # _____

Purpose Employment Intern
 Investigation Volunteer

Section II (Completed by Applicant/Employee)

Information is used for criminal history verification purposes. Only authorized employees and hiring authorities have access to submitted information.

Full Name Last _____ First _____ Middle _____

Maiden _____ ALL previously used last names _____

Race/Ethnic Origin _____ Description of "Other" _____

Date of Birth _____ Full SSN _____ Driver's License State _____ Number _____

Place of Birth City _____ State _____ High School City _____ State _____

Female
 Male Height Feet _____ Inches _____ Weight _____ Color of Hair _____ Eyes _____

List/describe all scars/tattoos/marks (if none, enter N/A)

Have you ever been employed by NCDPS/Division of (Check all that apply and complete items below) : AC/JJ Admin. LE

No Yes If "Yes," enter dates: Start _____ End _____

No Yes If "Yes," enter dates: Start _____ End _____

NOTE: Enter **CURRENT ADDRESS** in the first line of the table below. If you have lived at your "Current Address" for less than five (5) years, you **must** enter all previous addresses to cover a minimum of five (5) years. If additional space is required, enter the information on the back of this form.

Street	City	State	Zip	County

I verify that the information provided is true, accurate and complete to the best of my knowledge.

Signature _____ Date _____

Section III (DCI Operator Use Only)

Date of Request _____

Possible Record Pending Unserved Disposed

- Clean Record - No convictions / No traffic violations
- Clean Record other than Minor traffic violations (list below).

SID # _____ FBI# _____

DCI Operator's Name _____

Date DCI Completed _____