

PROTECTIVE SERVICES COURTESY BACKGROUND CHECK

COMPANY NAME		
EMPLOYEE LAST NAME	FIRST	MIDDLE
PLEASE PROVIDE OTHER NAME(S) THAT MAY HAVE BEEN USED IN THE PAST		
DATE OF HIRE	TITLE	
SOCIAL SECURITY # (Optional)	DATE & PLACE OF BIRTH	
DRIVER'S LICENSE #	STATE	
ADDRESS		
CITY	STATE	ZIP
PREVIOUS ADDRESS		
CITY	STATE	ZIP
COUNTIES LIVED IN AZ OTHER THAN MARICOPA		
OTHER THAN AZ, INCLUDE CITY, STATE, AND COUNTY LIVED IN		

AREAS OF ACCESS DESIRED		
<input type="checkbox"/> DOWNTOWN <input type="checkbox"/> DURANGO <input type="checkbox"/> SATELLITE		
BUILDINGS:	<input type="checkbox"/> 201	<input type="checkbox"/> MCDOT
	<input type="checkbox"/> 301	<input type="checkbox"/> ANIMAL CARE
	<input type="checkbox"/> 401	<input type="checkbox"/> FLOOD CONTROL
		<input type="checkbox"/> OTHER: _____
		<input type="checkbox"/> OTHER: _____
		<input type="checkbox"/> OTHER: _____

HAVE YOU EVER BEEN CONVICTED OF A CRIME? YES NO

IF YES, EXPLAIN _____

BY SIGNING BELOW, YOU AGREE THAT THE INFORMATION PROVIDED ABOVE IS ACCURATE. FALSE INFORMATION ENTERED ON THIS FORM MAY RESULT IN NON-ISSUANCE OF AN ID BADGE.

SIGNATURE OF APPLICANT _____

PLEASE NOTE: A COPY OF THE APPLICANT'S DRIVER'S LICENSE OR GOVERNMENT ID ARE NOW REQUIRED WITH THIS FORM. ALL FIELDS MUST BE COMPLETED (ENTER N/A IF DOES NOT APPLY) UNLESS OTHERWISE NOTED.

REQUESTING PERSON/AGENCY:

NAME: _____

PHONE: _____

DATE: _____