

TREMONTON POLICE DEPARTMENT APPLICATION FOR CRIMINAL HISTORY RECORD REVIEW

NAME _____ DATE OF BIRTH _____

(Last)

(First)

(Middle)

Previously used name(s) (Maiden, etc.) _____

ADDRESS _____

(Street)

(City)

(State)

(Zip)

Home Phone _____ Work Phone _____ Other Phone _____

Drivers Lic # & State _____ Social Security Number _____

Height _____ Weight _____ Eye Color _____ Hair Color _____ Sex _____ Race _____

Have you lived outside of Utah in the past 10 years? ____ Yes ____ No Where? _____

WAIVER OF LIABILITY:

I, _____, subject of the Application for Criminal History Record Review, do hereby authorize Tremonton City and its agents to obtain and review my Criminal History record. I understand that any material misrepresentation or deliberate omission of a fact in my submitted Tremonton City Application and Tremonton Police Department Application for Criminal History Record Review may be justification for refusal of an: employed position, volunteer position, or business license, or the termination thereof.

Further, if I am an applicant for employment by Tremonton City or if I am an applicant to be a volunteer by Tremonton City, I understand and authorize a copy of the results will be forwarded to Tremonton City Human Resource Department. If I am an applicant for a business license, I understand and authorize the results will be forwarded to the City Recorder. I authorize such investigation and the exchanging and sharing of any information requested by Tremonton City. I release from liability any individual or organization exchanging or sharing such information.

SIGNED: _____ DATE: _____

This Record was not verified by Fingerprints and was valid as of

_____.

CITY USE ONLY	
EMPLOYEE WITNESSING SIGNATURE:	_____
FORM OF ID USED:	_____ ID #: _____
RESULTS OF CHECK:	
<input type="checkbox"/>	No Utah Criminal History Found
<input type="checkbox"/>	Utah Criminal History Found
SID #	_____ CHECKED BY: _____

Notes: