



CRIMINAL DISCLOSURE

As a law enforcement agency, it is necessary that all Department of Corrections employees, contract staff, and volunteers be carefully screened prior to appointment. This information is required in order to maintain facility security and safeguard the confidentiality of Departmental information. Criminal history may not preclude your employment or service with the Department of Corrections.

Print Full Name: _____

List below all convictions and incarcerations for any prior felony offense(s). Also, list any gross misdemeanor offense(s) involving violence and any offenses involving sexual misconduct. Include those sentences that were suspended and/or deferred and those issued by a juvenile court where the defendant was 15 years of age or older at the time the offense was committed. Do not include convictions vacated by a court and removed from the official record. If there are no convictions, indicate by writing "None" below.

Date	Crime	If incarcerated, give location and dates. If not incarcerated, what disposition was made?
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

If any convictions, have you received a final discharge from supervision, including all civil rights being restored?

- Yes Indicate date: _____, and attach a copy of discharge.
- No

Do you now have any right under the law to carry and use a firearm?

- Yes List date and Bureau of Alcohol, Firearms, and Tobacco (BAFT) permit number: _____
- No

ACKNOWLEDGEMENT AND RELEASE

I understand that a background check will be conducted including, but not limited to, arrests and convictions, prior employment, and education. All answers and statements are true and complete to the best of my knowledge. I understand that, if hired, I will be fingerprinted and that untruthful or misleading answers or deliberate omissions will be cause for rejection of my application, removal of my name from eligible registers, or dismissal, if employed or acting as a contract staff or volunteer. By completing and submitting this form, I am authorizing release of my information.

Signature

Date

Distribution: **ORIGINAL**-Personnel/Contract/Volunteer