## Marion County

## MARION COUNTY HUMAN RESOURCES

## COMPUTERIZED CRIMINAL HISTORY INQUIRY RELEASE

Please PRINT clearly:									
Position		Rec#			Clerk				
Election Board Worker				C					
LAST NAME	FIRST NAME				MIDD	LE NAME		MAIDE	N NAME
/									
OTHER NAMES USED IN THE PAST 10 YEARS									
PHYSICAL ADDRESS									
PHISICAL ADDRESS									
MAILING ADDRESS	j. 9								
PHONE NUMBER			E-MAIL	ADDRESS					
OTHER ADDRESSES USED IN THE PAST 10 YEARS									
							-		
DRIVER LICENSE NUMBER	STA	TE					EXPIR	ATION DATE	
	CT 40 VE 4 DC								
OTHER DRIVER LICENSES HELD IN THE PA	ST 10 YEARS						T		
								8	
	<u>'</u>							9	
SOCIAL SECURITY NUMBER				DATE O	BIRTH				
I, (print <u>FULL</u> name)					auth	orize Mari	on Co	ounty Hum	an Resources to
perform a computerized crimin	al history o	heck	on me						
is contingent upon my successf	fully paccing	σ this	chack	and it	c fin	dings may	disar h	ialify me f	rom
	ully passing	g tilis	CHECK	anan	3 11110	amgs may	aisqu	admy me n	
consideration.									
Applicant Signature:						Date:			
Applicant Signature.					_				
Requesting Department:									
Ensure all information all	bove is com	pleted	d and si	gned.					
2. Forward the completed	request forr	n, by	e-mail,	to Jeni	nifer	Lang, Huma	an Re	sources.	
									senarate inquiry)
I authorize Marion County Busin							Hallit	e requires d	separate inquiry)
to the following budget for the o	omputerize		TIMAL MIS	SERVICE		ACCOUNT	PROJE	CT	TASK
Laurie Krueger	584-4785		100 1			529650		000	000
AUTHORIZED SIGNATURE	304-4703		DATE					PHONE	
AS THE STATE OF TH								503-588	-5041