



Crawford County Health Department

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Criminal Background & Drivers' License Check Consent Form

The Crawford County Health Department requires periodic criminal background checks of all full-time, part-time, temporary, and volunteers (over the age of 18). The Department also requires drivers' license checks and car insurance checks for classifications utilizing vehicles as part of their job requirement. These measures are being instituted in an attempt to ensure the safety of participants, employees, and volunteers.

APPLICATION INFORMATION

Status:	<input type="checkbox"/> Employee	<input type="checkbox"/> Applicant	<input type="checkbox"/> Volunteer
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Last Name:		First Name:		Middle Initial:	
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Date of Birth:	___/___/___ Month / Day / Year	Sex:	M F	Race	
	(Circle One)			(Circle One)	W White B Black I Am. Indian/Alaskan A Asian/Pacific Islands U Unknown
Social Security Number:	_____ - _____ - _____				

Driver's License Number:		Expires:	___/___/___
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Name of Insurance Carrier:		Policy Number:	
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If you may be known by another name (i.e., pre-marriage, alias), please indicate: ___Yes ___No

If so, when was the last year you used this name? _____

Other Last Name:	Other First Name:
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I certify that the information provided above is true and complete. I understand that false or misleading information given in my volunteer application, interview(s) or on this form will render my application void and will be just cause for termination in the event of my volunteer assignment. I authorize you to make a criminal background investigation in arriving a decision regarding my employment. I further authorize the Illinois State Police to release criminal background information as part of the criminal background investigation and the Secretary of State to release driving records as part of the drivers' license check.

Signature: _____

Date: _____