

# APPLICATION SUPPLEMENT CONVICTION RECORD

The provision of the Social Security Number will be used to conduct criminal background checks of applicants. Failure to provide the SSN will prevent DOC from completing the required background check for hiring purposes.

**SEE NOTE ON OTHER SIDE BEFORE COMPLETING THIS FORM**

NAME (Last, First, MI)	SOCIAL SECURITY NUMBER	DRIVERS LICENSE NUMBER	DL STATE
DATE OF BIRTH (Month/Day/Year)	SEX <input type="checkbox"/> Female <input type="checkbox"/> Male	POSITION YOU ARE APPLYING FOR	
FORMER NAME(S)	ETHNIC GROUP <input type="checkbox"/> Black (Not of Hispanic Origin) (1) <input type="checkbox"/> Asian or Pacific Islander (Includes Indian Subcontinent Origin) (2) <input type="checkbox"/> American Indian or Alaskan Native (3) <input type="checkbox"/> Hispanic (Mexican, Puerto Rican, Cuban or Spanish Culture) (4) <input type="checkbox"/> White (Not of Hispanic Origin) (5)		

All applicants interviewed for positions are asked to provide information about any conviction records or pending charges. *This information will be retained in your application file which is **confidential**.*

**Note:** Officer applicants with felony convictions must possess either a Governor's pardon with no firearms restrictions or a federal waiver to bear firearms and are required to submit a copy of these documents prior to or at the time of the interview in order to be considered further.

- 1) Do you have any **pending** criminal or municipal ordinance charges for an offense including traffic? (Do not report speeding or parking tickets.)  YES  NO
- 2) Have you been **convicted or fined** as an adult for any offense including traffic offenses? (Speeding tickets and parking tickets do not need to be reported as traffic offenses; all other traffic violations must be reported. Include offenses which have been expunged from your record.)  YES  NO
- 3) Are you currently under any type of supervision? (e.g. Probation, Parole, Huber)  YES  NO

**IF THE ANSWER IS YES TO ANY OF THE ABOVE THREE QUESTIONS, INDICATE:** (Attach additional pages if necessary. Be as specific as possible and if you are unsure of the date or nature of the offense, use the discussion section below to describe the incident.)

THE NATURE OF THE OFFENSE	
DATE OF OFFENSE	DATE OF CONVICTION
NAME AND LOCATION OF COURT	NAME & TELEPHONE NUMBER OF PROBATION/PAROLE AGENT
PLEASE EXPLAIN IN DETAIL THE INCIDENT AND THE DISPOSITION/OUTCOME (Sentence, fine, probation, Huber, suspension)	

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I state that all the information on this application is true and complete to the best of my knowledge and I understand that any falsification or omission of information may disqualify me for this position.

APPLICANT SIGNATURE

DATE SIGNED