EIGHTH JUDICIAL DISTRICT COURT & REGIONAL JUSTICE CENTER CRIMINAL HISTORY, FINGERPRINT & BACKGROUND CHECK REQUEST

| APPLICANT TYPE: CASA | | | TDPDonna's House | | | Lxtern/intern(Department) Vendor Other | | | | |
|--|---|--|------------------|---------------|-------------------------|--|---|--------------------|--|--|
| LAST NAME: | | | FIRST NAME: | | | MIDDLE NAME: | | | | |
| EMPLOYER: | | | | | | | | | | |
| DATE OF BIRTH: | | | | | SOCIAL SECUR | DITV NII I | MDED. | | | |
| DATE OF BIRTH. | | | | | SOCIAL SECOR | ai i no | WIDER. | | | |
| COUNTRY OF BIRTH: | | | STATE/PROVINCE | RTH: | | CITY OF BIRTH: | | | | |
| LIST ANY OT | HER NAMES | S USED: | | | | | | | | |
| LAST NAME: | | | FIRST NAME: | FIRST NAME: | | | MIDDLE NAME: | | | |
| LAST NAME: | | | FIRST NAME: | FIRST NAME: | | | MIDDLE NAME: | | | |
| LAST NAME: | LAST NAME: | | | FIRST NAME: | | | MIDDLE NAME: | | | |
| LIST ANY OT | HER DATE | OF BIRTH USED: | | 1 | | | LIST ANY OTHER SOCIAL SECURITY NUMBER USED: | | | |
| DATE OF BIRTH: | | | | SOCIAL SECUR | SOCIAL SECURITY NUMBER: | | | | | |
| PHYSICAL CH | HARACTER | ISTICS: | | | | | | | | |
| GENDER: MALE | FEMALE | HEIGHT: | WEIGHT: | NATURAL H | AIR COLOR: | | NATURAL EYE COLOR: | GLASSES: YES NO | | |
| NOTE: Per Fe | ederal Crimi | nal History inquir | y requirements, | please select | the most app | oropr | iate race code listed be | low: | | |
| | American Indian or Alaskan Native (a person having origins in any of the original peoples of the Americas and who maintains cultural identification through tribal affiliations or community recognition) | | | | | | | | | |
| | | Asian or Pacific Islander (a person having origins in any of the original peoples of the Far East, Southeast Asia, the Indian subcontinent or the Pacific Islands) | | | | | | | | |
| | Black (a person having origins in any of the black racial groups of Africa) | | | | | | | | | |
| | Hispanic (a person having origins in Latin America; Cuba, Mexico or Puerto Rico) | | | | | | | | | |
| | White (a person having origins in any of the original peoples of Europe, North Africa or Middle East) | | | | | | | | | |
| MOST RECEN | NT DRIVER | LICENSE OR STA | TE IDENTIFICA | TION CARD Y | OU HAVE OB | TAIN | ED: | | | |
| NUMBER: STATE OF ISS | | | SUE: | DATE OF ISS | SUE: | EXPIRATION DATE: | | | | |
| TYPE ISSUED (check one) : DRIVER | | | RLICENSE | | | | IDENTIFICATION CARD | | | |
| Has your driver's license ever been revoked or suspended? (circle one) | | | | | YES | N | 0 | | | |
| LIST OTHER | STATES IN | WHICH YOU HAV | E BEEN ISSUE | O A DRIVER'S | LICENSE OR | STA | TE IDENTIFICATION CA | ARD: | | |
| NUMBER: STATE OF | | | ISSUE: | | DATE OF | ISSUE | E: EXPIRATION | N DATE: | | |
| NUMBER: STATE OF | | | F ISSUE: | ISSUE: DATE | | | E OF ISSUE: EXPIRATION DATE: | | | |

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| Have you ever been arrested? | _YES | NO | Numbe | er of Arrests | | | | | |
|--|-----------|-------------------|-------|-----------------|--|--|--|--|--|
| Charge Type (check all that apply): | Felony | Gross Misdemeanor | | Misdemeanor | | | | | |
| If Yes, what was the most recent charge? | Charge #1 | | | Charge #2 | | | | | |
| City and State where you were arrested: | | | | Date of Arrest: | | | | | |
| Have you ever been convicted of any char | ge? | YES NO | | | | | | | |
| In what other states have you been arrested? | | | | | | | | | |
| | | | | | | | | | |
| Have you ever been issued a summons or citation <i>other than</i> for traffic violations? YES NO | | | | | | | | | |
| If Yes, what was the most recent summons or citation for? Charge #1 Charge #2 | | | | | | | | | |
| City and State where you were given the summons or citation: | | | | | | | | | |
| Have you ever been convicted of any charge? YES NO | | | | | | | | | |
| How many other times have you been issued a summons or citation, other than for traffic violations? | | | | | | | | | |
| In which states? | | | | | | | | | |
| Eighth Judicial District Court (EJDC) is committed to providing a safe and secure environment for its employees and clients. Additionally, federal, state and local statutes govern the mandatory qualifications for employment in certain career fields. | | | | | | | | | |
| This information is being collected in order to complete a comprehensive background check. All information is subject to verification by inquiry of sources such as, but not limited to: motor vehicle departments, driver licensing, court records, criminal history files, fingerprint records, credit files and former employers. | | | | | | | | | |
| By signing this form, you are granting permission to EJDC to obtain information from the above named sources. Please be advised that certain facilities/departments/divisions of EJDC require a clear background with no arrests or convictions prior to employment or during the course of your employment by EJDC. | | | | | | | | | |
| If you are disqualified for employment based on the result of a criminal history, you have the right to challenge the validity or accuracy of the criminal history record or source. You may inquire as to the procedure, if applicable. | | | | | | | | | |
| I hereby consent to the release of the above-referenced information from the sources named above and authorize the Eighth Judicial District Court to inquire into any and all required sources of information regarding my background. I understand that satisfactory completion of these inquiries is a condition of employment and that my continued employment, certain assignments, job positions or categories, whether temporary or permanent in nature, require my maintaining a record of no unacceptable or disqualifying arrests or convictions. | | | | | | | | | |
| Signature: | | | | Date: | | | | | |
| Name (please print): | | | | | | | | | |
| Witness's Signature: | | | | Date: | | | | | |
| Name (please print): | | | | | | | | | |
| Please provide the following information, so we may contact you in case of questions, etc.: | | | | | | | | | |
| Name: | | Cell | Phone | Number: | | | | | |
| E-Mail Address: | | | | | | | | | |

NAME: DOB: SS #: DL #: DOI: NO DISQUALIFYING DATA SCOPE:____ NCIC:___ NCJIS:___ No Felony or Gross Misdemeanor arrests w/o disposition _____ No Felony or Gross Misdemeanor convictions Not a Fugitive from Justice _____ SQPO Negative ____ DL Clear ____ DL State CRIMINAL HISTORY REVIEW REQUIRED: YES _____ NO ____ Notes: Date Completed: Background Operator's Name: Background Operator's Signature: FINGERPRINTS APPOINTMENT DATE______ Fingerprints cleared? YES _____NO ____ Fingerprint Notes: Fingerprint results required prior to badge issuance YES ____ NO ____ Fingerprint Operators Name: Cleared For Employment and/or Badge Access? Approved By:_____ YES NO Signature:__ REPORT PASS/FAIL TO THE RJC BADGING OFFICE VIA EMAIL Requested By: Michelle Young Date Requested: Requestor's Signature: Michelle Young Phone: 702-455-1755

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