



CITY OF SILVERTON POLICE DEPARTMENT

Authorization to Conduct Background Investigation



I authorize Silverton Police Department to conduct a criminal background investigation. I consent, without reservation, to the retrieval of information that may include, but is not limited to: organizations, federal, state, county, and/or city level agencies driving and criminal history.

I certify that all of the statements and answers set forth on the application form are true and complete to the best of my knowledge.

Signature of person authorizing investigation/record release

Date

FOR BACKGROUND INVESTIGATION PURPOSES, PLEASE COMPLETE THE FOLLOWING:

Business Associated With: _____

Full Name: _____
 LAST FIRST MIDDLE

Date of Birth: _____ Social Security Number: _____
 MM/DD/YYYY

Driver's License Number & State of Issue: _____

Aliases or other names used in the past: _____

Applicant's phone number(s): _____

ATTACH A COPY OF THE FRONT SIDE OF YOUR STATE ISSUED ID

BELOW FOR SILVERTON POLICE DEPARTMENT USE ONLY

Criminal Record: _____ No Criminal Record: _____

Initials: _____ Charlie #: _____ Date Completed: _____