

REQUEST FOR COMPUTERIZED HISTORY

The Charter Township of Plymouth

AN INVESTIGATION OF YOUR DRIVING HISTORY AND CRIMINAL HISTORY WILL BE MADE THROUGH A RECORDS CHECK. TO EXPEDITE THIS PROCEDURE, PLEASE SUPPLY THE FOLLOWING INFORMATION:

NAME: _____
(First) (Middle) (Last)

PRIOR NAME: _____
(First) (Middle) (Last)

RACE: _____ SEX: _____ DATE OF BIRTH: _____
(Optional) (Optional) (Optional)

MICHIGAN OPERATOR LICENSE NUMBER: _____

PLEASE LIST OTHER STATES WHERE YOU HAVE BEEN LICENSED TO OPERATE A MOTOR VEHICLE:

STATE _____ NAME UNDER WHICH LICENSE WAS GRANTED

STATE _____ NAME UNDER WHICH LICENSE WAS GRANTED

INFORMATION SUPPLIED ON THIS FORM WILL ONLY BE USED FOR CRIMINAL BACKGROUND INVESTIGATION PURPOSES AND WILL NOT BECOME PART OF THIS APPLICATION RECORD.

All Police Officer Candidates must return this form with your Employment Application to the Clerk's Office.

Applicant:

Dated: _____
Signature

Witness:

Dated: _____
Signature