

City of Branson
Request for Criminal Record Check

Please Print or Type

NAME:

_____ Last _____ First _____ Middle _____ Suffix

MAIDEN/ALIAS:

_____ Last _____ First _____ Middle _____ Suffix

GENDER: _____-Male _____-Female

DATE OF BIRTH: _____ / _____ / _____

SOCIAL SECURITY NUMBER: _____ - _____ - _____

RACE/NATIONAL ORIGIN: (Check only one)

_____-Hispanic or Latino

_____-Black or African American

_____-White

_____-Asian

_____-Native Hawaiian or other Pacific Islander

_____-American Indian or Alaska Native

_____-Two or More Races

ADDRESS:

_____ Street/P.O. Box Apt./Unit City State Zip

DRIVER'S LICENSE NUMBER: _____ **CLASS:** _____

STATE OF ISSUANCE: _____ **EXPIRATION DATE:** _____

APPLYING FOR WHICH POSITION: _____

This Criminal History Record Check document, signed by the applicant, will serve as written consent to check record information by the City of Branson. The information obtained shall be confidential and any person who discloses the information beyond the scope allowed in Section 43.540 shall be subject to prosecution for a Class A misdemeanor.

Signature of Subject of Request

Date

Attention Applicant: If you are under the age of eighteen (18), this form must be signed by a parent or guardian before the record check can be run. If you do not return this form with your parent or guardian's signature, you will not be considered for a position with the City of Branson.

As the parent or guardian of _____, the above minor applicant for a position with the City of Branson, I hereby give my permission for a Criminal History Record Check to be run on my child.

Printed Name

Signature of Parent or Guardian

Date