



CRIMS Background Check Request:

Applicant Information

Applicant Name: _____

Applicant SS#: *(SS # is Optional)* _____

Applicant Birthdate: _____

Applicant Position _____

Applicant Email: _____

Start Date: _____

Worksite Location: _____

Manager: _____

Please check type of agency relationship:

- Employee Non-paid Intern Paid Intern Volunteer

Please check all areas below this applicant will be in direct contact with:

- Children Adults Seniors (65 yrs & older) Confidential Information
- Secure Facilities Finances / Financial Records Information Technology Driving required
- Systems

Description of Duties:

500 characters maximum

Please submit to HR for processing with copy of Applicants State ID, Passport or SS Card