**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Facility/Parole District/Central Office**

 **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Reason For Background Check**

 **By the person `s signature on this letter, he/she is aware of and has agreed to a criminal history check through the Indiana Department of Correction as part of a background investigation. This person is aware that the information received will be considered in our determination of approval or denial of employment, volunteer and visitation that this information will only be shared on a need to basis. Please print clearly and fill in with the correct information.**

|  |  |  |  |
| --- | --- | --- | --- |
| **Last name**  | **First** | **Middle** | **Maiden** |
| **Street Address** | **City** | **State** | **Zip Code** |
| **Address last five years** | **City** | **State** | **Zip Code** |
| **Date of Birth** | **State of Birth** | **Social Security number** | **Driver License Number**  |
| **State of Driver License** | **Sex** | **Race** | **Weight** |
| **Height** | **Hair** | **Eyes** | **Felony conviction yes \_or no\_****If yes ,explain on back** |
| **Last Employer** | **Address** | **City** | **State** |
| **If born outside the United States how old were you when you arrived in the Country?**  |
| **If born outside the United States were your Parents in the US Military at the time of birth? Yes\_ No\_**  |
| **Passport Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Alien Registration Number (Form I-90)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature of Applicant Authorization Signature**