

SUPPLEMENTAL CRIMINAL HISTORY QUESTIONNAIRE

Employer's Name: _____ Date: _____

Applicant's Full Name: _____

(Please use complete names rather than initials. Show any nicknames in parentheses.)

Criminal history questions.

Have you ever (*check all that apply*): been subjected to judicial punishment under the Uniform Code of Military Justice or been convicted, pled guilty, pled no contest/nolo contendere, or received court-ordered community supervision, deferred adjudication, probation (any type), pretrial deferral/diversion of prosecution, suspended sentence/prosecution, postponed judgment, conditional discharge, shock incarceration, pretrial release, supervised release, or any other type of alternative, deferred, suspended, postponed or conditional adjudication, sentencing program or release for any crime (misdemeanors and felonies)?

If yes, provide complete information on all criminal offense(s) within the past _____ years, the date(s), location(s) (city and state), the nature of any alternative disposition program and the date(s) of completion.

The above is not a complete list of all alternative disposition programs. If you have received any alternative disposition for any criminal offense, you MUST disclose it and describe the program. Failure to disclose a criminal conviction, plea or alternative disposition will be considered falsification and will result in your ineligibility for employment. Use additional sheets if necessary.

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Conviction of a crime is not an automatic bar to consideration for employment, except for specific crimes where employment is prohibited by state or federal laws. Factors such as age at time of conviction, length of time since offense, nature and seriousness of offense, and rehabilitation will be considered.

If your criminal history would ordinarily exclude you from consideration for a position, we will conduct an individualized assessment by providing notice that you may be excluded because of past criminal conduct, allow you to demonstrate that an exclusion based on criminal history should not apply to you, and give consideration to additional information which you provide within a reasonable time period (usually within 5 working days) to show that the criminal history exclusion is not job-related and consistent with business necessity.

Acknowledgement

I acknowledge that I have read and understand this Supplemental Criminal History Questionnaire. I verify that the information I have provided on this form is true, correct and complete and contains no omissions. I agree to provide the Employer with additional information, if requested, in order to complete the background check. I understand that false, incorrect, misleading, or incomplete information on this form will result in rejection of my application and withdrawal of any conditional job offer, or termination, if employed.

I understand that before the Employer obtains a consumer report about me regarding my criminal background, I must sign a separate notice and authorization under the Fair Credit Reporting Act for that consumer report.

Applicant's Signature

Applicant's Printed Name

Street Address

City/State/Zip Code

Driver's License Number (or alternative identification)

State Issuing Driver's License (or alternative identification)