

Background and Prescreen Investigation Form

City of Tulsa Security

Last Name:		First Name:		Middle Initial:	Maiden Name:		
Aliases:		Date of Birth: (MM/DD/YY)		Social Security Number:			
<input type="checkbox"/> Female <input type="checkbox"/> Male		Height:		Weight:	Race:	Driver's License Number & State:	Home Phone Number:
Gender:		Height:		Weight:	Race:	Driver's License Number & State:	Home Phone Number:
Applicant Address:				City:	State:	Zip:	
Employer Name:				Business Phone Number:			
Employer Address:				City:	State:	Zip:	

Have you ever been convicted of, pled guilty, or "no contest" to a crime that has or has not been expunged or removed from your record?

Yes No *If yes, please explain below.*

1. I understand that an investigative report may be generated on me that may include information as to my character and work habits, along with criminal history records from any criminal justice agency in any or all federal, state, city and county jurisdictions, State Department of Motor Vehicles, Military, and Social Security Administration. I fully understand that the City of Tulsa may be requesting information from public and private sources about any of the information noted earlier in this paragraph, and I freely give my consent for the City of Tulsa to do so. I also attest under the penalty of perjury that the information above is complete and true to the best of my knowledge. Lastly, I understand that presence of a conviction does not automatically preclude me from eligibility. Consideration will be given to the nature of the offense, time since conviction and all other relevant facts and circumstances pertaining to the situation. Likewise the absence of such convictions will not mean automatic acceptance of eligibility.

Applicant Signature:	Date:
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OFFICE USE ONLY	
Facility:	Contractor:
Sources: <input type="checkbox"/> OSCN <input type="checkbox"/> Juris <input type="checkbox"/> TPD <input type="checkbox"/> Doc <input type="checkbox"/> Other	Disposition: <input type="checkbox"/> Affirmative <input type="checkbox"/> Negative <input type="checkbox"/> Inconclusive

Investigator:	Date:
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