



Town of Portland, CT ❖ www.portlandct.org
Criminal History Background Check

It is the Town's policy to provide a safe environment and therefore shall perform a criminal history background check on each candidate recommended for service with the Town when appropriate in relation to the position. Service is contingent upon a successful criminal background check. The information collected will be treated confidentially. By completing this form you are consenting to the criminal history background check.

PRINT CLEARLY or TYPE

PERSONAL INFORMATION

DATE: _____

NAME: _____

LAST

FIRST

MIDDLE

Present Address: _____

STREET

CITY

STATE

ZIP

Permanent Address: _____

STREET

CITY

STATE

ZIP

Place of Birth: _____ Date of Birth: _____

Sex: _____ Race: _____ Height: _____ Weight: _____

Hair Color: _____ Eye Color: _____ Social Security No.: _____

Driver's License No.: _____ Endorsements: _____

Expiration of Driver's License: _____

- 1. Have you ever been convicted of a crime? Yes No
- 2. Are you currently facing criminal charges? Yes No

The undersigned hereby attests that all information supplied within this application is true and accurate. By signing this form I give the Town of Portland permission to conduct a record check based on the above information. By signing this form, I also give the Town of Portland permission to take my photograph.

APPLICANT SIGNATURE*: _____

*If applicant is under the age of 18 years, a parent or guardian must co-sign below

Parent or Guardian SIGNATURE: _____

Reviewed by P.P.
Badge #

Approved

Denied

Service Assignment of Applicant: _____