CRIMINAL HISTORY AND LIVESCAN CHECK
Management Services Division
Office of Human Resources

Name _____
(Last) (First) (Middle) (Maiden Name)

Date of Birth / / Social Security# _____

Place of Birth _____ Country of Citizenship _____
(City/State/Country)

Phone # Cell _____ Work _____ Home _____

E-mail Address _____

Current Address _____

Past Address _____

Driver's License # _____ State _____ Expiration Date _____

Height _____ Weight _____

SEX		RACE		EYE COLOR		HAIR COLOR	
Male	☐	Black	☐	Blue	☐	Black	☐
Female	☐	White	☐	Brown	☐	Blonde	☐
		Asian/Pacific Islander	☐	Green	☐	Brown	☐
		American Indian/Alaskan Native	☐	Grey	☐	Red	☐
		Unknown	☐	Hazel	☐	_____	☐

I understand that the Montgomery County Department of Correction and Rehabilitation requires a criminal history check on individuals applying for employment and individuals requesting to enter its facilities for tours or official business. I hereby give my permission for a criminal history check to be completed. If at any time it is determined that I have made untruthful statements or given misleading information; it is cause for termination from the employment process and may result in access to County Correctional Facilities being denied. Any information obtained during the criminal history check is considered confidential.

Conviction/Probation Before Judgement
Yes ☐ No ☐

Pending Any Criminal Charges
Yes ☐ No ☐

_____ _____
Signature ***Date***