

OFFICE OF THE MISSOURI ATTORNEY GENERAL

AUTHORIZATION TO COMPLETE CRIMINAL HISTORY AND BACKGROUND CHECKS

Your Full Name: _____

Maiden Name (if applicable): _____

Current Address: _____

Date of Birth: _____ Social Security #: _____

Driver's License #: _____ Issuing State: _____

1. Have you ever been arrested, charged with, pled guilty to, or been convicted of any crime other than minor traffic violations? Yes _____ No _____

2. I hereby give my approval for personnel of the Office of the Missouri Attorney General to make any investigations regarding my personal history and to complete computer MULES / NCIC criminal history checks. This includes the thorough investigation of my references, work record, education and any information necessary in arriving at an employment decision. I further authorize my previous employers to release to the Office of the Missouri Attorney General any information they may have regarding my character or employment history, whether on record or not. I hereby release the Office of the Missouri Attorney General, my former employers and all other persons, corporations, partnerships and associations from any and all claims, demands or liabilities arising out of or in any way related to such investigation or disclosure. I understand the results of the background and criminal history checks will be considered with my application for employment. (_____) (please initial)

(Print Name)

(Signature)

(Date)

If you are applying for a position as an Assistant Attorney General, are you a United States Citizen?
_____ Yes _____ No

If you become employed as an Assistant Attorney General, you will be required to provide documentation establishing your citizenship.