

WEST VALLEY CITY POLICE DEPARTMENT

Application for Criminal History Record Review

NAME: Last:		First:	MI:	DOB:	
Previously used name(s) (maiden, etc)					
ADDRESS:			City:	State:	Zip:
Phone: Home		Work		Other	
Drivers Lic #:		ST	Social Security Number:		
Height	Weight	Eye Color		Hair Color	Race
WAIVER OF LIABILITY:					
I, _____, subject of the requested record, do hereby make application to review my Utah Computerized Criminal History record and release West Valley City from any liability in the event the requested documents are viewed by anyone other than myself.					
Signed:		Date:		<i>Space for Stamp</i>	
NOTICE TO APPLICANTS:					
If application is being made for employment by West Valley City, or as a volunteer for West Valley City, a copy of the results will be forwarded to West Valley City Human Resources.					

DEPARTMENT USE ONLY

Employee Witnessing Signature:					
Form of ID Used:			ID#		
Results of check: Utah Criminal History Found <input type="checkbox"/> Yes <input type="checkbox"/> No					
SID #:		Checked by:		IBM:	
Fee waiver authorized by:			Fee:		Date:
Human Resource Approval:			Job Title:		Date: