Greensboro Detention Center

Contract Worker Criminal Records Check

FOR: AA

(Please Print)

Revised 05/30/07

Full Name: _____
(First) (Middle) (Last)

Maiden or Other Name(s): _____

Address: _____ City: _____ Zip: _____

Former Address: _____

Birth Date: _____ Race: _____ Sex: _____ Height: _____ Weight: _____

Home Phone: _____ Cell Phone: _____

Place of Birth: _____

Social Security #: _____ Drivers License Number: _____

Are you a United States citizen? ☐ Yes ☐ No

If you are not a citizen, please provide your alien registration number or I-94 number: _____

Agency you are applying with: ☐ Health Services ☐ Food Services ☐ Other: _____

BACKGROUND CHECK CONSENT

I hereby authorize the Guilford County Sheriff's Office to conduct a criminal background check in order to obtain security clearance for the Detention Center. I am aware that this may involve my being fingerprinted and a check being done with the National Crime Information Center. The results of this will then be placed with my confidential personnel file.

_____ _____
Applicant Signature Date

DO NOT WRITE BELOW THIS LINE

Background Check: ☐ Approved ☐ Denied By: _____

Date: _____ Comments: _____