City of Branson
Request for Criminal Record Check

** Please Print or Type**

NAME: _____ _____ _____ _____
Last First Middle Jr./Sr.

MAIDEN/ALIAS: _____ _____ _____ _____
Last First Middle Jr./Sr.

SEX: ___Male ___Female **DOB:**___/___/___ **SOCIAL SECURITY NO:** _____

RACE: ___Caucasian ___Black ___Hispanic ___Asian ___Other _____

ADDRESS: _____
Street – P.O. Box City State Zip

DRIVER'S LICENSE NUMBER: _____

STATE OF ISSUE: _____ **EXPIRATION DATE:**_____

DEPARTMENT: _____ **POSITION**: _____

This Criminal History Record Check document, signed by the applicant, will serve as written consent to check record information by the City of Branson. The information obtained shall be confidential and any person who discloses the information beyond the scope allowed in Section 43.540 shall be subject to prosecution for a Class A misdemeanor.

_____ _____
Signature of Subject of Request Date

******* Attention Applicant: If you are under the age of eighteen (18), this form must be signed by a parent or guardian before the record check can be run. If you do not return this form with your parent or guardian's signature, you will not be considered for a position with the City of Branson. *******

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As the parent or guardian of _____, the above minor applicant for a position with the City of Branson, I hereby give my permission for a Criminal History Record Check to be run on my child.

_____ _____ _____
Printed Name Signature of Parent or Guardian Date