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