



MULTNOMAH COUNTY SHERIFF'S OFFICE

501 SE HAWTHORNE BLVD., SUITE 350 • PORTLAND, OR 97214

BERNIE GIUSTO
SHERIFF

Exemplary service for a safe, livable community

503 988-4300 PHONE
503 988-4500 TTY
www.sheriff-mcso.org

RECORDS CHECK AUTHORIZATION

TYPE OR PRINT CLEARLY: *Incomplete Forms Will Not Be Processed* DATE SUBMITTED: _____

NAME: _____ / _____ / _____ DATE OF BIRTH: ____/____/____
LAST FIRST MIDDLE

OTHER NAMES USED: _____
LIST ALL OTHER NAMES USED, INCLUDING AKA'S, SURNAMES, ETC.

CURRENT ADDRESS: _____ / _____ / _____
CITY STATE ZIP

SOCIAL SECURITY NUMBER: _____ PLACE OF BIRTH: _____
CITY/STATE/COUNTRY

DRIVER'S LICENSE: _____ / _____ / _____ PHONE: _____
STATE LICENSE NUMBER EXPIRATION DATE

HAIR COLOR: _____ EYE COLOR: _____ HEIGHT: _____ WEIGHT: _____

RACE: _____
A - Asian B - African American H - Latin American
I - American Indian/Alaskan Indian O - Other W - Caucasian SEX (Circle One): MALE or FEMALE

DO YOU HAVE ANY CRIMINAL CONVICTION(S)? (Circle One): YES or NO (If YES, list charge(s) and date(s) on back →)

CURRENT OCCUPATION/EMPLOYER & PHONE: _____

POSITION APPLIED FOR: _____

I hereby authorize the Multnomah County Sheriff's Office to conduct a criminal history records check prior to consideration for employment or association with this agency for official business. I understand and agree that a record of convictions, pending criminal court actions, or submitting false information may exclude me from employment consideration or association with the Multnomah County Sheriff's Office.

I HEREBY AFFIRM THE ABOVE INFORMATION IS TRUE: *Signature* _____

MANAGER/SUPERVISOR REQUESTING RECORDS CHECK: *Must Be Completed*

PRINT NAME: _____ TITLE & CONTACT#: _____

SIGNATURE: _____ FAX: _____

Request: MCSO ID VISITOR ID Request: ESCORT NON-ESCORT

- MCSO USE ONLY -

PPDS LEDS NCIC CCH DMV ESWIS CLASS (Clackamas County)

SIGNATURE OF STAFF CONDUCTING RECORDS CHECK / DPSST # / TITLE/UNIT / RECORDS CHECK DATE

APPROVED ESCORT NON-ESCORT DENIED -- COMMENTS:

MCSO ID VISITOR ID

SIGNATURE OF F.A.C./FACILITY COMMANDER/UNIT MGR / DPSST # / TITLE/UNIT / DATE REVIEWED