

CRIMINAL HISTORY CHECK

ADDENDUM TO APPLICATION

CONFIDENTIAL

All TDMHMR Center's/Units are required by state law to obtain criminal history record information on all applicants for employment. The information requested below is necessary to obtain criminal history information.

Name: _____ Social Security #: _____
Last First MI

Driver's License Number: _____ Expiration Date: _____

State: _____ Date of Birth: _____
Month Day Year

Gender: Male Female

Ethnicity:

- American Indian or Alaska Native (Not Hispanic or Latino)
- Black or African American (Not Hispanic or Latino)
- Native Hawaiian or Other Pacific Islander (Not Hispanic or Latino)
- Two or More Races (Not Hispanic or Latino)
- Asian (Not Hispanic or Latino)
- Hispanic or Latino
- White (Not Hispanic or Latino)

I understand the information I am providing about age, sex, and ethnicity will not be used to determine eligibility for employment, **but will be used solely for the purpose of obtaining criminal history record information.**

Please Print Name

Signature

Date