

**PERSPECTIVE WI FACETS' EMPLOYEES, INDEPENDENT CONTRACTORS, CONSULTANTS, AND
VOLUNTEERS CRIMINAL BACKGROUND CHECK FORM**
(please print)

NAME: _____
First Middle Last Maiden

OTHER NAMES BY WHICH YOU ARE KNOWN : _____ Date of Birth: _____

ADDRESS : _____
Street Apt. #

City State Zip

Please check the appropriate box and, if necessary, fill in the requested information:

I have a criminal record
o If yes, please list offense, date, location/jurisdiction, circumstances, and outcome of such record:

I do not have a criminal record
 I have lived outside of Wisconsin within the past 3 years
o Please list the states and the dates that you lived in them:

I do not have a criminal record

NOTE: Simply having a criminal conviction does not always mean you will be disqualified from volunteering. Deference is given to the type and/or severity of the conviction.

By signing this form, you are agreeing to allow WI FACETS to request a police/criminal background check on you. You are also acknowledging that the information you have provided on this form is true and accurate.

Signature Date

CHECK HERE IF
SIGNING
ELECTRONICALLY _____

***For Office Use Only:
Please initial and date***

Form received on: _____ Check issued on: _____

Response from Department of Justice: _____