



BACKGROUND INVESTIGATION AUTHORIZATION Office of the San Juan County Sheriff

PLEASE PRINT ALL REQUIRED INFORMATION

FULL NAME (LAST, FIRST AND MIDDLE)	
OTHER LAST NAMES OR ALIASES YOU MAY HAVE USED	
CURRENT STREET ADDRESS CITY, STATE, ZIP CODE	
DATE OF BIRTH	
RACE	<input type="checkbox"/> WHITE <input type="checkbox"/> BLACK <input type="checkbox"/> AMERICAN INDIAN OR ALASKAN NATIVE <input type="checkbox"/> ASIAN OR PACIFIC ISLANDER <i>(USE MOST CLOSELY REPRESENTING RACE CATEGORY)</i>
GENDER	<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE
SOCIAL SECURITY NUMBER	
DRIVER'S LICENSE NUMBER AND ISSUING STATE	NUMBER: _____ STATE: _____
IF YOU HAVE HAD DRIVER'S LICENSE(S) IN OTHER STATES, PLEASE LIST WHICH STATE(S)	
ARE YOU A U.S. CITIZEN?	<input type="checkbox"/> YES <input type="checkbox"/> NO

I give the Office of the San Juan County Sheriff authorization to perform a NCIC-Triple I Background Criminal Check. Information collected will be used for the criminal background check only. Applicants must be able to pass the NCIC-Triple I background check in order to qualify for employment.

SIGNATURE	DATE
SJCSO REPRESENTATIVE	DATE

*****FOR OFFICIAL USE ONLY*****

	DATE	COMMENTS
NCIC/III		
DRIVER HISTORY		
AS-400		
NEW MEXICO COURTS		

ADMINISTRATOR OR DESIGNEE ONLY	
<input type="checkbox"/> APPROVED <input type="checkbox"/> NOT APPROVED	
SIGNATURE AND DATE:	