



## BACKGROUND INVESTIGATION AUTHORIZATION Juvenile Services Department

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: _____
ARE YOU A U.S. CITIZEN?	<input type="checkbox"/> YES <input type="checkbox"/> NO

I give the Juvenile Services Department 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
SJCJS REPRESENTATIVE	DATE

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

	DATE	COMMENTS
NCIC/DRIVER HISTORY		
FACILITY MANAGER		
NEW WORLD		
NEW MEXICO COURTS		

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