

TOWN OF PAONIA, COLORADO

APPLICATION FOR CRIMINAL HISTORY, DRIVER HISTORY AND NATIONAL REGISTER (Please Print)

NAME: _____

DATE OF BIRTH: _____ **SEX:** _____

PLACE OF BIRTH: _____

NATIONALITY: _____

I request and authorize the Town of Paonia, Colorado Police Department to complete a criminal history, driver history and National Register check on background for employment with the Town of Paonia, Colorado. I certify the above name and date of birth to be true and correct.

Applicant Signature

Date

APPLICATION FOR DRIVER HISTORY CHECK (Please Print)

NAME: _____

DATE OF BIRTH: _____

PLACE OF BIRTH: _____

DRIVERS LICENSE NUMBER: _____ **STATE:** _____

I request and authorize the Paonia Police Department to complete and driver history check as part of the interview process for consideration of employment with the Town of Paonia. I certify the above information to be true and correct.

Applicant Signature

Date

STATE OF COLORADO)
) ss.
COUNTY OF DELTA)

Subscribed and sworn to before me this ___ day of _____, 20___.

By _____.

Witness my hand and official seal.

My commission expires _____.

Notary Public