

APPLICATION DEPARTMENT OF PARKS AND RECREATION

INCLUDE A COPY OF THE FRONT AND BACK OF A GOVERNMENT ISSUED PHOTO ID

Check <u>only one</u> of the following options that applies to your application:

__ Camp Contractor

Class Contractor

___ Volunteer

____ Volunteer Coach

____ Temporary Employee

PLEASE PRINT ALL INFORMATION

NAME: Last	First	Middl	0	Suffix (Jr, III, etc.)	
Last	First	Wildui	e	Sum (JI, III, etc.)	
ADDRESS:					
Street		City	State	Zip Code	
HOME PHONE:	WORK PHONE:				
LENGTH AT ABOVE RESII	DENCE:				
IF LESS THAN 3 YE	ARS, PROVIDE PRE	VIOUS ADDF	RESS:		
ADDRESS:					
Street		City	State	Zip Code	
* * * * * * * * * * * * * * * *	* * * * * * * * * * * *	* * * * * * * *	* * * * * *	* * * * * * * * * * *	

CRIMINAL HISTORY INFORMATION

The information below is required to conduct a criminal history check. Having a criminal history will not automatically disqualify you for this position. The nature of the offense and when it occurred will be considered. The information below and any criminal history record will be kept confidential and only used to determine your eligibility.

RACE:	SEX:	DOB:	//	HEIGHT:	WEIGHT:	
	TII.		<u>сс</u> #			
PLACE OF BIR	IH:		_ SS#	=		
EYE COLOR:			HAIR COL	.OR:		_

- 1. Have you ever been detained or charged or convicted (including traffic offense)? ___YES ___NO
- Are you currently on Probation/Parole? ____YES ___NO 2.

If Yes to either of the above, please provide date, place, charge, court, fines or sentence for each conviction. Give all the facts so that a decision can be made (attach additional sheet if necessary)

I certify that every statement I have made in this application is true and complete to the best of my knowledge. I understand that any false or incomplete information may be grounds for denying this application. I understand that this application is the property of the Arlington

County Sheriff's Office and will not be returned. I understand that I must notify the Department of Parks and Recreation of any change in my name, address, phone number or any other pertinent information.

I authorize a review of and full disclosure of all records, or any part thereof, and any other forms of information regardless of form or format concerning myself whether the said records are of a public, private or confidential nature.

Signature of Applicant:_____ Date:_____

THIS APPLICATION IS NOT COMPLETE UNTIL THE DEPARTMENT OF PARKS AND **RECREATION RECEIVES A COPY OF THE FRONT AND BACK OFAN UNEXPIRED GOVERNMENT ISSUED PHOTO ID**

For Office Use Only:	Month/Year Received B	y Whom
Contractor:	Р	ayment Received