



Maricopa County Security Services Division

Security Background Check Application

Applicant Information

| | | |
|---|------------------|---------|
| COMPANY NAME: | | |
| EMPLOYEE LAST NAME: | FIRST: | MIDDLE: |
| LIST ANY NAMES THAT HAVE BEEN USED IN THE PAST: | | |
| DATE OF BIRTH: | PLACE OF BIRTH: | |
| DRIVER'S LICENSE #: | STATE ISSUED BY: | |

Addresses

| | | |
|----------------------------------|--------|------|
| APPLICANT'S RESIDENTIAL ADDRESS: | | |
| CITY: | STATE: | ZIP: |

Have you lived at this address for 10 or more years? (check one): **YES** **NO** If "no", please provide previous address below:

| | | |
|-------------------|--------|------|
| PREVIOUS ADDRESS: | | |
| CITY: | STATE: | ZIP: |

| | | | |
|---|---------------------------------|--------------------------------|--|
| HAVE YOU LIVED IN ANY ARIZONA COUNTIES OTHER THAN MARICOPA? | YES <input type="checkbox"/> | NO <input type="checkbox"/> | If "yes", please list: |
| HAVE YOU LIVED OUTSIDE OF ARIZONA? | YES <input type="checkbox"/> | NO <input type="checkbox"/> | If "yes", please list City, County, and State: |

Criminal History

Have you ever been convicted of a crime? (check one): **YES** **NO** If "yes", please provide details below:

| | | |
|---------|-------|-------------|
| CHARGE: | YEAR: | CITY/STATE: |
| CHARGE: | YEAR: | CITY/STATE: |
| CHARGE: | YEAR: | CITY/STATE: |
| CHARGE: | YEAR: | CITY/STATE: |

Disclaimer and Signature

I hereby authorize Maricopa County Security Services Division to conduct a Criminal History/Records check and Warrants check for the purpose of issuing a Maricopa County Contractor ID Card. I understand that, should this card be issued to me, it will be displayed only when I am on/in a Maricopa County facility and that it should only be used to access Maricopa County facilities for official purposes related to my employment.

I agree that the information provided on this application is accurate and that any false information provided may result in the non-issuance of an ID card or the loss of such privileges.

Signature of Applicant: _____ Date: _____

Areas of Access Needed (FOR COUNTY USE)

Hours of Access: Business Hours 24 Hour
Access Schedule: Monday – Friday Monday – Sunday Other (Specify): _____

*List of Buildings (include building name or address and specify access areas):

I HAVE CONFIRMED THAT THE REQUESTED ACCESS IS APPROPRIATE AND NECESSARY IN ORDER FOR THE APPLICANT TO FULFILL THEIR CONTRACTUAL OR VOLUNTEER DUTIES.

I HAVE VERIFIED THAT THIS APPLICATION IS COMPLETE AND THAT A COPY OF THE APPLICANT'S DRIVER'S LICENSE OR GOVERNMENT ISSUED ID HAS BEEN SUBMITTED ALONG WITH THIS APPLICATION. I UNDERSTAND THAT INCOMPLETE APPLICATIONS WILL BE REJECTED.

County Authorized Signature: _____

Print Name: _____

Department: _____

Date Submitted: _____

FOR SECURITY SERVICES USE ONLY

| | | | |
|--------------------------|--------------------------------------|------------------------------------|--------------------------------|
| HIGHER REVIEW NEEDED? | YES <input type="checkbox"/> | NO <input type="checkbox"/> | BACKGROUND CHECK COMPLETED BY: |
| HIGHER REVIEW COMPLETED: | APPROVED <input type="checkbox"/> | DENIED <input type="checkbox"/> | SIGNATURE OF REVIEWER: |