STATE OF CONNECTICUT
DEPARTMENT OF REVENUE SERVICES

AUTHORIZATION TO CONDUCT CRIMINAL HISTORY RECORD CHECK

Part 1 - Explanation and Acknowledgment of Rights

The Department of Revenue Service ("Department") conducts a criminal history record check on/of all persons it is considering for employment. Furthermore, the Department will conduct criminal history for currently employees at least every 10 years. In order to conduct such a check, the Department must provide each person with certain information. This information is contained in the attached document, which is entitled "Noncriminal Justice Applicant's Rights".

Acknowledgement

I, _____, hereby acknowledge and attest that I have received from the Department a copy of the document entitled "Noncriminal Justice Applicant's Rights" and that I have read and understand the information contained in the document.

_____ _____
Signature Date

Part 2 - Written Statement

Have you ever been CONVICTED of an offense against criminal or military law, or are there criminal charges currently pending against you? (Exclude minor traffic violations or any offense settled in juvenile court or under a youth offender law.)

☐ Yes ☐ No

If you answered "Yes", please attached a detailed explanation about the nature of the conviction, degree of rehabilitation and time since release.

Part 3 - Authorization to Conduct Criminal History Record Check

If you authorize the Department to conduct a criminal history record check, please check the box entitled "Grant of Authorization", complete the requested information, sign and date. If you decline to grant the Department authorization to conduct a criminal history record check, please check the box entitled "Refuse Authorization, print your name and sign.

I, _____, hereby ☐ Grant of Authorization ☐ Refuse Authorization
for the Department to take my fingerprints and to use my fingerprints and the information I have provided below to conduct a criminal history record check in connection with my prospective or current employment at the Department.

I certify that the information I have provided is true, complete and accurate.

Full Name: _____Date of Birth:_____ Place of Birth:_____

Home Address:_____ _____ _____ _____
City State Zip

_____ _____ _____ _____ _____ _____
Sex Race Height Weight Eye Color Hair Color

_____ _____
Signature Date