

City of Demoville

Fire Department - Request for Conviction Record

Applicant Information:

- Full Name:
- Date of Birth:
- Social Security Number:
- Address:

Authorization:

I authorize the City of Demoville Fire Department to conduct a background check, including a review of any criminal convictions. I understand this information will be used solely for the purpose of evaluating my suitability for employment.

Signature: _____ Date: _____

Witness: _____ Date: _____