

Checklist of Requirements to Submit a DOT Application

INFORMATION NEEDED TO FILL OUT THE DOT APPLICATION

- Previous Employer Information (Dates of employment, address, etc)
- Motor Vehicle Information (Violations in 5 years, states licensed in)
- Criminal Background History
- Driving Experience (Include license class, miles & states driven)

FILL OUT THE FOLLOWING REQUIRED DOCUMENTS (Attached)

- DOT Driver Application – 3 pages
- CSRA Authorization Form – 1 page
- MVR Disclosure & Authorization Form – 1page
- Kroll Disclosure & Authorization Form – 1page
- Safety Performance History Records Request – 2 pages
- Annual Review/Certification of Violations – 1 page
- PSP Disclosure Form – 1 page
- State of IA Record Check Form – 1 page

KEEP FOR YOUR RECORDS

- A Summary of Your Rights Under the Fair Credit Reporting Act – 2 pages

ANY OFFER OF EMPLOYMENT IS CONTINGENT ON THE COLLECTION OF THE FOLLOWING DOCUMENTS (In addition to other hiring criteria)

- Valid Class A Drivers License (Front and back copy)
- Current Medical Card (Include long form with medical card)

(You may chose to bring these documents with you at the time you apply)





23971 County Road 10, P.O. Box 3000, Sleepy Eye, Minnesota 56085 Phone: (507) 794-5310 Fax: (507) 794-2471 www.christensenfarms.com

DOT DRIVER APPLICATION FOR EMPLOYMENT: PRE-EMPLOYMENT QUESTIONNAIRE
CHRISTENSEN FAMILY FARMS IS AN EQUAL OPPORTUNITY EMPLOYER.
23971 County Road 10 / PO Box 3000 / Sleepy Eye, MN 56085

Today's Date: _____ Referral Source: _____

PERSONAL INFORMATION

Name:		Social Security No.:		
Present Address Street:	City:	State:	Zip Code:	County:
E-mail Address:				
Phone: ()		*Date of Birth:		
PREVIOUS ADDRESS (If you have not lived at the above address for 3 years):				

EMPLOYMENT DESIRED

Position:	Date you can start:	Desired Pay Rate:
Are you looking for: (please circle your first choice) Part-time Full-time	What hours are you available to work?	
Have you previously applied to or been employed by this company?	When?	

EDUCATION

	Name and Location of School	No. of Years Attended*	Did you Graduate?	Area(s) of Concentration
High School				
College				
Trade/ Correspondence				

* The age discrimination in Employment Act of 1967 prohibits discrimination on the basis of age with respect to individuals who are at least 40 but not less than 70 years of age.

GENERAL

Extra-curricular activities and achievements: _____			
U.S. Military or Naval Service		Have you been convicted of a crime, for which you have not been pardoned?	
YES	NO	YES	NO

FORMER EMPLOYERS (List most recent employers in sequence of employment.)

All driver applicants must provide the following information on ALL employers during the preceding 10 years

Date (Month/Year)	Name and Address of Employer	Salary	Position	Reason for Leaving
From				
To	Telephone			
From				
To	Telephone			
From				
To	Telephone			
From				
To	Telephone			
From				
To	Telephone			
From				
To	Telephone			

Accident Record for past 3 years or more (attach sheet if more space is required) If none, write NONE.

Date	Nature of Accident (head-on, rear-end, etc.)	Fatalities	Injuries

Traffic Convictions for the past 3 years (other than parking violations) If none, write NONE.

Location	Date	Charge	Penalty

Unexpired CMV Operators License or Permit

State	License No.	Type	Expiration date

Have you ever been denied a license, permit or privilege to operate a motor vehicle? Yes No

Has any license, permit, or privilege ever been suspended or revoked? Yes No

If you answered yes to either question, please attach a statement outlining the details of the situation.

Driving Experience (If none, write NONE)

Class of equipment	Type of equipment (van, tank, flat, etc.)	Dates		Approx. No. of miles (Total)
		From	To	
Straight Truck _____				
Tractor or Semi-Trailer _____				
Tractor- Two trailers _____				
Motor-coach- School Bus _____				
Other _____				

List States operated in for last five years: _____

List any safe driving awards you hold and from whom: _____

Have you tested positive on a pre-employment drug or alcohol test, or refused to take a pre-employment drug or alcohol test administered by an employer which you applied for, but did not obtain, a safety-safety transportation position covered by by DOT agency drug and alcohol testing rules? Check One: [] Yes [] No

Other Experience and Qualifications:

Please indicate any trucking, transportation or other experience related to the position.

Please list any courses and training other than shown elsewhere in this application.

List special equipment or technical materials you can work with (other than those already shown).

Application Acknowledgement

"I acknowledge that this application is solely for the purpose of the position intended. Any offer of employment to me by Christensen Family Farms is contingent upon the outcome of the receipt of (1) the "REQUEST FOR INFORMATION FROM PREVIOUS EMPLOYER", (2) the "PREVIOUS EMPLOYER ALCOHOL & DRUG TEST INFORMATION" and, (3) the results of a pre-employment drug and/or alcohol test to be arranged at CFF's expense. I agree to supply the necessary specimens at CFF's designated collection site(s) in adherence with US DOT part 40 regulations. I understand and agree that failure to provide the above information and said specimen disqualifies me from any employment consideration with Christensen Family Farms, Christensen Construction, Inc. or Christensen Family LLC".

Date

Signature

Applicant Statement

"I certify that the facts contained in the application are true and complete to the best of my knowledge and understand that, if hired, falsified statements on this application shall be grounds for dismissal. I authorize investigation of all statements contained herein and the references listed above to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release all parties from all liability for any damage that may result from furnishing same to you. I understand and agree that, if hired, my employment is for no definite period and may, regardless of the date of payment of my wages and salary, be terminated at any time without any prior notice."

Date

Signature

A Summary of Your Rights Under the Fair Credit Reporting Act

The federal Fair Credit Reporting Act (FCRA) promotes the accuracy, fairness, and privacy of information in the files of consumer reporting agencies. There are many types of consumer reporting agencies, including credit bureaus that gather and sell information about your creditworthiness to creditors, employers, landlords, and other businesses. The FCRA gives you specific rights, which are summarized below. You may have additional rights under state law. For more information, go to www.ftc.gov/credit, or write to: Consumer Response Center, Federal Trade Commission, 600 Pennsylvania Ave. N.W., Washington, D.C. 20580.

You must be told if information in your file has been used against you. Anyone who uses information from a consumer reporting agency to deny your application for credit, insurance, or employment – or take another adverse action against you – must tell you and give you the name, address, and phone number of the agency that provided the information.

You can find out what is in your file. At any time, you may request and obtain your report from a consumer reporting agency. You will be asked to provide proper identification, which may include your Social Security number. In many cases the report will be free. You are entitled to free reports if a person has taken adverse action against you because of information in a report; if you are the victim of identify theft; if you are the victim of fraud; if you are on public assistance; or if you are unemployed but expect to apply for employment within 60 days. In addition, you are entitled to one free report every twelve months from each of the nationwide credit bureaus and from some specialized consumer reporting agencies. See www.ftc.gov/credit for details about how to obtain your free report.

You have a right to know your credit score. Credit scores are numerical summaries of a consumer's creditworthiness based on information from consumer reports. For a fee, you may get your credit score. For more information, click on www.ftc.gov/credit. In some mortgage transactions, you will get credit score information without charge.

You can dispute inaccurate information with the consumer reporting agency. If you tell a consumer reporting agency that your file has inaccurate information, the agency must take certain steps to investigate unless your dispute is frivolous. For an explanation of dispute procedures, go to www.ftc.gov/credit.

Inaccurate information must be corrected or deleted. A consumer reporting agency or furnisher must remove or correct information verified as inaccurate, usually within 30 days after you dispute it. However, a consumer reporting agency may continue to report negative data that it verifies as being accurate.

Outdated negative information may not be reported. In most cases, a consumer reporting agency may not report negative information that is more than seven years old, or bankruptcies that are more than 10 years old.

Access to your file is limited. A consumer reporting agency may provide information about you only to people with a valid need as determined by the FCRA -- usually to consider an application with a creditor, insurer, employer, landlord, or other business.

Your consent is required for reports that are provided to employers. A consumer reporting agency may not give out information about you to your employer, or potential employer, without your written consent. Blanket consent may be given at the time of employment or later.

You may choose to remove your name from consumer reporting agency lists for unsolicited credit and insurance offers. These offers must include a toll-free phone number you can call if you choose to take your name and address off lists in the future. You may opt-out at the major credit bureaus by calling 1-800-XXXXXXX.

You may seek damages from violators. If a consumer reporting agency, a user of consumer reports, or, in some cases, a furnisher of information to a consumer reporting agency violates the FCRA, you may sue them in state or federal court.

Identity theft victims and active duty military personnel have additional rights. Victims of identity theft have new rights under the FCRA. Active-duty military personnel who are away from their regular duty station may file “active duty” alerts to help prevent identity theft. For more information, visit www.ftc.gov/credit.

The FCRA gives several federal agencies authority to enforce the FCRA:

TO COMPLAIN AND FOR INFORMATION:	PLEASE CONTACT:
Consumer reporting agencies, creditors and others not listed below	Federal Trade Commission Consumer Response Center - FCRA Washington, DC 20580 1-877-382-4367 (Toll-Free)
National banks, federal branches/agencies of foreign banks (word "National" or initials "N.A." appear in or after bank's name)	Office of the Comptroller of the Currency Compliance Management, Mail Stop 6-6 Washington, DC 20219 800-613-6743
Federal Reserve System member banks (except national banks, and federal branches/agencies of foreign banks)	Federal Reserve Board Division of Consumer & Community Affairs Washington, DC 20551 202-452-3693
Savings associations and federally chartered savings banks (word "Federal" or initials "F.S.B." appear in federal institution's name)	Office of Thrift Supervision Consumer Programs Washington, DC 20552 800-842-6929
Federal credit unions (words "Federal Credit Union" appear in institution's name)	National Credit Union Administration 1775 Duke Street Alexandria, VA 22314 703-518-6360
State-chartered banks that are not members of the Federal Reserve System	Federal Deposit Insurance Corporation Division of Compliance & Consumer Affairs Washington, DC 20429 800-934-FDIC
Air, surface, or rail common carriers regulated by former Civil Aeronautics Board or Interstate Commerce Commission	Department of Transportation Office of Financial Management Washington, DC 20590 202-366-1306
Activities subject to the Packers and Stockyards Act, 1921	Department of Agriculture Office of Deputy Administrator - GIPSA Washington, DC 20250 202-720-7051

**FAIR CREDIT REPORTING ACT
AND MINNESOTA ACCESS TO CONSUMER REPORTS ACT DISCLOSURE AND AUTHORIZATION**

In connection with my application for employment, or my continuing employment, with Christensen Family Farms, Inc. ("Christensen Farms"), I understand that a consumer report or an investigative consumer report, as those terms are defined in the Federal Fair Credit Reporting Act, as amended ("FCRA"), 15 USC 1681 *et seq.*, and defined in the Minnesota Access to Consumer Reports Act, as amended ("ACRA"), Minnesota Statutes Chapter 13C, *et seq.*, will be obtained by Christensen Farms from a consumer reporting agency ("Agency"). I further understand that the Agency may not give out information about me to Christensen Farms without my prior written consent.

I understand that an investigative consumer report is a special type of consumer report and which contains information about my character, general reputation, personal characteristics, and mode of living which may be obtained through personal interviews with neighbors, friends, or my associates or with others with whom I am acquainted or who may have knowledge concerning the information.

Also, I understand that I am entitled to receive a copy of the *Summary of Your Rights Under the Fair Credit Reporting Act* and hereby acknowledge as set forth below that I have received a copy.

Pursuant to ACRA I understand that I am entitled to receive a free copy of my consumer report and/or investigative consumer report from the consumer reporting agency if one is obtained. I have indicated my preference by checking the appropriate box below.

I also understand that pursuant to the FCRA that upon written request Christensen Family Farms shall make a complete and accurate disclosure of the nature and scope of the investigation requested by it and I further understand this disclosure shall be made in writing, mail, or otherwise delivered to me no later than five (5) days after the date in which the request for such disclosure is received from me or such report was first requested, whichever is later in time.

If any consumer reports and/or investigative consumer reports indicates that any adverse action should be taken, including the denial of any application for employment, I understand that I will be provided with a copy of the reports(s) in accordance with FCRA and ACRA. I understand further that I will be given an opportunity to rebut the information contained in the reports(s) before an adverse action is taken.

I hereby authorization Christensen Farms now, or at any later time if I am employed by Christensen Farms, to obtain a consumer report or investigative consumer report on me, as applicable. I further authorize the appropriate individuals, companies, institutions or agencies, including consumer reporting agencies, to release the above information to Christensen Farms.

Applicant's Name (printed)

Social Security Number

Street Address:

Date of Birth: (MM/DD/YYYY)

City, State, Zip Code

Drivers License Number & State Drivers License was issued

Other or Former Names

Professional License; State; Type; Number

Signature

Date

I RECEIVED "A SUMMARY OF YOUR RIGHTS UNDER THE FAIR CREDIT REPORTING ACT".

CFF is a Minnesota based corporation; thus, in accordance with Minnesota Law, I understand that I have the right to receive a free copy of my consumer report and/or investigative consumer report from the consumer reporting agency if one is obtained (all applicants must check this section):

If a consumer reports and/or investigative reports are obtained, please send me free copies.

I do not wish to receive copies of my consumer reports and/or investigative consumer reports.

Motor Vehicle Record (MVR) Disclosure Form
Class "A" License
FMSCA Comprehensive Safety Information – CSA2010
(Revised on 2.10.10)

During the course of your employment or in connection with your application for employment, Christensen Farms and Feedlots, Inc. will request and review information stated on your MVR and on the Comprehensive Safety Information web site or CSA 2010.

IN THE EVENT THAT THE INFORMATION FROM EITHER OF THESE REPORTS ARE UTILIZED IN WHOLE OR IN PART, IN MAKING AN ADVERSE DECISION WITH REGARD TO YOUR POTENTIAL OR CONTINUED EMPLOYMENT, WE WILL PROVIDE YOU WITH A COPY OF THE REPORTS AND A WRITTEN DESCRIPTION.

By my signature below, I hereby authorize you or your representatives to obtain my MVR and access my driver information on the FMSCA web site in order to be considered for employment or continued employment with this company as required by Christensen Farms & Feedlots, Inc. driving policy and/or Sections 391.23 and 391.25 of the Federal Motor Carrier Safety Regulations. If hired, this authorization shall remain on file and shall serve as an ongoing authorization for this organization or its representatives to request my MVR at anytime during my employment with Christensen Companies.

I understand that prior to driving a DOT rated company vehicle, I must provide a copy of my Drivers License and my Personal Vehicle Insurance.

Name (please print): _____

Address: _____

City/State/Zip: _____

Signature: _____

Driver's License Number: _____

State Driver's License Issued: _____ Number of years Licensed in State: _____

Date of Birth: _____ Social Security Number: _____

Driver's License Attached: Yes or No **Personal Vehicle Insurance Information Attached: Yes or No**

(To Be Completed by Office)	Date Required Information Supplied: _____
Position: _____	Anticipated Date of Hire: _____
Site Location: _____	Information Needed By: _____
Supervisor will be: _____	Human Resources (signature): _____

SIDE 1**SAFETY PERFORMANCE HISTORY RECORDS REQUEST**

RECIPIENT EMPLOYER: The individual identified in SECTION 1 below has indicated that you employ(ed) or use(d) him/her within the last 3 years in a position that involved the operation of a commercial motor vehicle and/or that was subject to U.S. Department of Transportation (DOT)-regulated drug and alcohol testing.

In accordance with 49 CFR §§40.25 and 391.23, we are hereby requesting that you supply us with the Safety Performance History of this individual. **Under DOT rule §391.23(g), you must respond to this inquiry within 30 days of receipt.**

Please complete SECTIONS 2 through 4 (as applicable) and return to the prospective employer shown in SECTION 1.

APPLICANT: Complete SECTION 1 and submit to prospective employer.

PROSPECTIVE EMPLOYER: Complete SECTION 5a and send form to current/previous employer. Upon receipt of completed form, complete SECTION 5b and retain.

SECTION 1:	TO BE COMPLETED BY PROSPECTIVE EMPLOYEE	
I, (Print Name) _____	First, M.I., Last _____	Social Security Number _____
hereby authorize:		Date of Birth _____
Previous Employer: _____	Email: _____	
Street: _____	Telephone: _____	
City, State, Zip: _____	Fax No.: _____	
to release and forward the information requested by section 4 of this document concerning my Alcohol and Controlled Substances Testing records within the previous 3 years from _____ . (date of employment application)		
To:		
Prospective Employer: _____		
Attention: _____	Telephone: _____	
Street: _____		
City, State, Zip: _____		
In compliance with §40.25(g) and 391.23(h), release of this information must be made in a written form that ensures confidentiality, such as fax, email, or letter.		
Prospective employer's confidential fax number: _____		
Prospective employer's confidential email address: _____		
_____ Applicant's Signature		_____ Date

SECTION 2:	TO BE COMPLETED BY PREVIOUS EMPLOYER	
EMPLOYMENT VERIFICATION		
The applicant named above was or is employed or used by us. Yes <input type="checkbox"/> No <input type="checkbox"/>		
Employed as (job title) _____ from (m/y) _____ to (m/y) _____		
Did he/she drive a motor vehicle for you? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, what type? Straight Truck <input type="checkbox"/> Tractor-Semitrailer <input type="checkbox"/> Bus <input type="checkbox"/> Cargo Tank <input type="checkbox"/> Doubles/Triples <input type="checkbox"/> Other (Specify) _____		
Completed by: _____		
Company: _____		
Street: _____		
City, State, Zip: _____		Telephone: _____
Signature: _____		Date: _____
If there is no safety performance history to report, check here <input type="checkbox"/> and return. Otherwise, complete Sections 3 and 4 on SIDE 2 before returning.		

SECTION 3:

TO BE COMPLETED BY PREVIOUS EMPLOYER

ACCIDENT HISTORY

Complete the following for any accidents included on your accident register (§390.15(b)) that involved the applicant in the 3 years prior to the application date shown on SIDE 1 or check here if there is no accident register data for this driver.

Date	Location	No. of Injuries	No. of Fatalities	Hazmat Spill
1. _____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____

Please provide information concerning any other commercial motor vehicle accidents involving the applicant that were reported to government agencies or insurers or retained under internal company policies: _____

SECTION 4:

TO BE COMPLETED BY PREVIOUS EMPLOYER

DRUG AND ALCOHOL HISTORY

If applicant was **not** subject to DOT testing requirements under 49 CFR Part 40 while employed by you, please check here and return. Applicant was subject to DOT testing requirements from _____ to _____.

In answering these questions, include any required DOT drug or alcohol testing information you obtained from other employers in the 3 years prior to the application date shown on SIDE 1.

Within the past 3 years from the application date shown on SIDE 1:

- | | | |
|---|--------------------------|--------------------------|
| | YES | NO |
| 1. Has this person violated any of the drug and/or alcohol prohibitions under 49 CFR Part 40 or Subpart B of Part 382, including: | <input type="checkbox"/> | <input type="checkbox"/> |
| • An alcohol test with a result of 0.04 or higher alcohol concentration. | | |
| • A controlled substances test result of positive, adulterated, or substituted. | | |
| • A refusal to submit to a random, post-accident, reasonable-suspicion, or follow-up controlled substances or alcohol test. | | |
| • Alcohol use while performing or within 4 hours before performing safety-sensitive functions. | | |
| • Alcohol use after an accident, in violation of §382.303. | | |
| • Controlled substances use while on duty, except as allowed under §382.213. | | N/A |
| 2. If this person violated a DOT drug and/or alcohol prohibition, did he/she fail to begin or complete a rehabilitation program prescribed by a Substance Abuse Professional (SAP)? If rehabilitation was required but you do not know if he/she began or completed such a program, check here <input type="checkbox"/> . | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. If this person successfully completed a SAP's rehabilitation referral and remained in your employ, did he/she subsequently have an alcohol test result of 0.04 or greater, a verified positive drug test, or refusal to be tested? | <input type="checkbox"/> | <input type="checkbox"/> |

SECTION 5a:

TO BE COMPLETED BY PROSPECTIVE EMPLOYER

This form was (check one) Faxed to previous employer Mailed Emailed Other _____

By: _____ Date: _____

Subsequent attempts to contact previous employer (§391.23(c)(1)): _____

SECTION 5b:

TO BE COMPLETED BY PROSPECTIVE EMPLOYER

Complete below when information is obtained.

Information received from: _____

Recorded by: _____ Method: Fax Mail Email Telephone

Date: _____ Other _____

MOTOR VEHICLE DRIVER'S CERTIFICATION OF VIOLATIONS/ANNUAL REVIEW OF DRIVING RECORD

(Employees driving company vehicles/trailers with a combination weight of 10,001 lbs and greater)
(Effective July 1, 2002)

As required by Sections 391.25 and 391.27, Christensen Companies every 12 months will require each driver meeting the above classifications to prepare and furnish a list of all violations of motor vehicle traffic laws and ordinances of which the driver has been convicted.

This information may be used in the process of determining if you will be reimbursed by Christensen Companies for mileage or, in considering your candidacy as an employee and/or in your continued employment with our organization. **IN THE EVENT THAT INFORMATION FROM THE REPORT IS UTILIZED IN WHOLE OR IN PART, IN MAKING AN ADVERSE DECISION WITH REGARD TO YOUR POTENTIAL OR CONTINTUED EMPLOYMENT, WE WILL PROVIDE YOU WITH A COPY OF THE REPORT AND A WRITTEN DESCRIPTION.**

I certify that the following is a true and complete list of traffic violations (other than parking violations) for which I have been convicted or forfeited bond or collateral during the past 12 months.

Please circle whether or not you have violations in the past 12 months. Yes or No

If yes please list below, if not please sign and date and return to the Fleet Analyst.

<u>Date:</u>	<u>Offense:</u>	<u>Location of Offense:</u> (City and State):	<u>Type of Vehicle</u> <u>Operated:</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Date of Certification: _____

Driver's Printed Name: _____

Driver's Signature: _____

(To Be Completed by Office)

Review Completed By: _____ Date of Review: _____

Motor Carrier: Christensen Companies
23971 County Road 10
Sleepy Eye, MN 56085

Pre-Employment Screening Program (PSP) Disclosure Form

Class "A" License

***Driving and Safety Inspection History from FMCSA
(07.30.2010)***

During the course of your employment or in connection with your application for employment, Christensen Farms and Feedlots, Inc. will request and review one or more reports regarding your driving, and safety inspection history from the Federal Motor Carrier Safety Administration (FMCSA). Christensen Farms cannot obtain background reports from the FMCSA unless you consent in writing. If you agree that Christensen Farms may obtain such background reports, please read the following and sign below:

IN THE EVENT THAT THE INFORMATION FROM EITHER OF THESE REPORTS ARE UTILIZED IN WHOLE OR IN PART, IN MAKING AN ADVERSE DECISION WITH REGARD TO YOUR POTENTIAL OR CONTINUED EMPLOYMENT, WE WILL PROVIDE YOU WITH A COPY OF THE REPORTS AND A WRITTEN DESCRIPTION.

I authorize Christensen Farms to access the FMCSA Pre-Employment Screening Program (PSP) System to seek information regarding my commercial driving safety record and information regarding my safety inspection history. I understand I am consenting to the release of safety performance information including crash data from the previous five (5) years and inspection history from the previous three (3) years. I understand and acknowledge that this release of information may assist Christensen Farms in making a determination regarding my suitability as an employee.

I further understand that neither Christensen Farms nor the FMCSA contractor supplying the crash and safety information has the capability to correct any safety data that appears to be incorrect. I understand I may challenge the accuracy of the data by submitting a request to <https://dataqs.fmcsa.dot.gov>. If I am challenging crash or inspection information reported by a state, FMCSA cannot change or correct this data. I understand my request will be forwarded by the DataQs system to the appropriate State for adjudication.

.....

I have read the above notice regarding background reports provided to me by Christensen Farms and I understand that if I sign this consent form, Christensen Farms may obtain a report of my crash and inspection history in order to be considered for employment or continued employment with this company as required by Christensen Farms driving policy.

Printed Name:

Signature:

Date

Driver's License #

Birth Date

(To Be Completed by Office)			
Total Points: _____	HR Provided On: _____		
Point Determined By: _____	Hired:	Yes	No
Date: _____	Comments: _____		



STATE OF IOWA Criminal History Record Check Request Form



DCI Account Number: 7267
(if applicable)

To: Iowa Division of Criminal Investigation
Support Operations Bureau, 1st Floor
215 E. 7th Street
Des Moines, Iowa 50319
(515) 725-6066
(515) 725-6080 Fax

From: Kroll Background America, Inc
100 Centerview Drive, Suite 300
Nashville, TN 37214

Phone: _____

Fax: _____

I am requesting an Iowa Criminal History Record Check on:

Last Name (mandatory)	First Name (mandatory)	Middle Name (recommended)
Date of Birth (mandatory)	Gender (mandatory)	Social Security Number (recommended)
	<input type="checkbox"/> Male <input type="checkbox"/> Female	

Waiver Information: Without a signed waiver from the subject of the request, a complete criminal history record may not be releasable, per Code of Iowa, Chapter 692.2. For complete criminal history record information, as allowed by law, always obtain a waiver signature from the subject of the request.

Waiver Release: I hereby give permission for the above requesting official to conduct an Iowa criminal history record check with the Division of Criminal Investigation (DCI). Any criminal history data concerning me that is maintained by the DCI may be released as allowed by law.

Waiver Signature: _____

<p style="text-align: center;"><u>Iowa Criminal History Record Check Results</u></p> <p>As of _____, a search of the provided name and date of birth revealed:</p> <p><input type="checkbox"/> No Iowa Criminal History Record found with DCI</p> <p><input type="checkbox"/> Iowa Criminal History Record attached, DCI # _____</p> <p style="text-align: right;">DCI initials _____</p>	<p>(DCI use only)</p>
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