



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: