



City of Warrenton

200 West Booneslick

Warrenton, MO 63383

Phone: 636-456-3535 Fax: 636-456-8135

www.warrenton-mo.org

Request for Criminal Record Check

Last Name First Name Middle Name Jr/Sr

Maiden/Alias Last Name First Name Middle Name Jr/Sr

Sex: Male Female **Date of Birth:** _____ **SSN:** _____

Race: Black White Native American Asian Other

Address: _____

City: _____ **State:** _____ **Zip Code:** _____

Purpose for request:

Employment Other (Specify) _____

Licensing

I (Print full name) _____ hereby certify that all statements made on or in connection with this application are true and complete to the best of my knowledge and belief. I understand and agree that any mis-statements or omission of material facts will cause forfeiture on my part to all rights of employment or revocation of license by the City of Warrenton.

I (Print full name) _____ hereby authorize the City of Warrenton Police Department to make a search to see whether or not I have any record of arrest and/or convictions anywhere in the United States, and that information can be given to the Director of Operations, Human Resources, Licensing personnel, as well as the Mayor of the City of Warrenton to become part of my file.

Photo static of Xerox copy of this authorization shall be considered as effective as the original.

THIS AUTHORIZATION, APPLICATION, AND ALL DOCUMENTS SUBMITTED BECOME THE PROPERTY OF THE CITY OF WARRENTON AND WILL NOT BE RETURNED.

Signature of Applicant

Date