



Department of Revenue Administration
 109 Pleasant St.
 Concord NH 03301-0457

LOCAL POLICE RECORDS CHECK FORM
 (For the purpose of obtaining employment with the Department of Revenue Administration)

Section I - (To be completed by applicant)

1. What is your full legal name? (Last, First, Middle)

2. What is your address? Number and Street City State Zip Code

3. Date of Birth MMDDYYYY 4. Social Security Number 5. Gender
Male Female

6. Driver's License # State Issued

7. Have you ever used another name other than your legal name above? (Include nicknames)
 No Yes If YES, please write the other names below

Previous Last Name(s) Previous First Name(s)

8. Please list the address(es) where you have lived, worked, and/or attended school within the last 5 years.

Lived	Number and Street	City	State	Zip Code
Worked				
School				
Lived	Number and Street	City	State	Zip Code
Worked				
School				
Lived	Number and Street	City	State	Zip Code
Worked				
School				
Lived	Number and Street	City	State	Zip Code
Worked				
School				
Lived	Number and Street	City	State	Zip Code
Worked				
School				

PRIVACY ACT STATEMENT

AUTHORITY: IRC 6103(p)(4)(C)

PURPOSE: The information will be used by DRA to use the results to determine a prospective employee's risk level for accessing Federal Tax Information (FTI).

DISCLOSURE: Furnishing this information (including your SSN) is voluntary; however failure to furnish the requested information may mean that the required information cannot be obtained to determine your suitability for employment and may result in you not being considered for employment.

SIGNATURE

9. I hereby consent to release from your files information requested in #10, Section II, below. Signature Date

Section II - (To be completed by authorized DRA representative).

10. Purpose of Request: The local law enforcement will assist agencies in providing information on arrest, incidents, complaints, reports identifying trends of misbehavior not rise to the criteria for reporting to the FBI database but is a good source of information regarding an applicant.

11. Name of authorized person making this request: Title
 Kathryn M. Stillings HR Coordinator, Department of Revenue

Signature of requestor Date