



· ROCHESTER · AVON · RECREATION · AUTHORITY ·

MUST BE FILLED OUT AND KEPT WITH APPLICATION

I, the undersigned, authorize the Department of State Police's Central Records Division and RARA to conduct a criminal history file check by name and identifiers to determine the existence of any arrest resulting in conviction and furnish a response to RARA.

PRINT ONLY!

LAST NAME: _____

FIRST NAME: _____

MIDDLE INITIAL: _____

RACE: _____ SEX: _____

BIRTHDATE: MONTH: _____ DATE: _____ YEAR: _____

HAVE YOU EVER USED A DIFFERENT LAST NAME? Yes or No

If YES, please list ALL LAST NAMES: _____

HAVE YOU EVER USED A DIFFERENT FIRST NAME? Yes or No

If YES, please list ALL LAST NAMES: _____

SIGNATURE: _____

FOR DEPARTMENT USE ONLY

NEW HIRE? YES _____ NO _____ DATE OF CHECK: _____

SUPERVISOR: _____ CHECK COMPLETED BY: _____