



Criminal History/Treatment History

THE INFORMATION REQUESTED IS ESSENTIAL TO CONDUCT A RECORDS CHECK. YOU ARE NOT LEGALLY REQUIRED TO SUPPLY THIS INFORMATION. HOWEVER, IF YOU CHOOSE TO WITHHOLD THIS INFORMATION, A FINAL DECISION ON YOUR APPLICATION CANNOT BE MADE.

DATE OF BIRTH MO/DT/YR

GENDER

RACE

List any other names by which you are known or have ever been known:

Have you ever been convicted of a law violation other than a minor traffic offense?    Y    N

If yes, describe: \_\_\_\_\_

Date of conviction: \_\_\_\_\_ Current Probation?    Y    N

Have you been confined in the Eau Claire County Jail in the preceding 12 months?    Y    N

Do you have any relatives or friends confined in the Eau Claire County Jail?    Y    N

If yes, list name(s) and relationship: \_\_\_\_\_

Have you experienced drug/alcohol or mental health problems and/or received counseling or treatment?    Y    N

Acknowledgement and Permission to Conduct Records Check

I declare that all of the information that I have provided is true and correct to the best of my knowledge. I understand that any false or misleading information given by me will disqualify me from consideration or result in my termination if discovered at a later date.

I hereby give my permission for the Eau Claire County Jail to conduct a criminal records check on me and to obtain other reference information necessary for the purpose of assessing my volunteer application.

Further, I understand and agree that my application is for a voluntary, non-paid position and is for no definite period of time and may be terminated at any time without notice.

Signature of Applicant: \_\_\_\_\_

Date: \_\_\_\_\_